



State of New Hampshire

OFFICE OF THE STATE FIRE MARSHAL

BUREAU OF ELECTRICAL SAFETY AND LICENSING

Mailing Address: 33 Hazen Drive, Concord, New Hampshire 03305

Office: 110 Smokey Bear Boulevard, Concord, NH

(603) 223-4289

www.nh.gov/safety/divisions/firesafety/building/electrician/



PLEASE BE ADVISED YOUR N.H. ELECTRICIAN'S CORPORATION LICENSE **EXPIRES MAY 31, 2009.**

If you desire to renew the corporation license, complete this form and return it with the appropriate fee to this office.

PLEASE REMEMBER THAT YOUR CORPORATION CANNOT WORK ON AN EXPIRED LICENSE.

For licenses which have EXPIRED OVER ONE MONTH there is an **additional late fee of \$50.00 per license.**

CORPORATION NAME: _____

TYPE : (ELECTRICAL / HIGH MEDIUM VOLTAGE) _____

MASTER/HIGH MEDIUM VOLTAGE ELECTRICIAN'S NAME: _____

First

Middle Initial

Last

CORPORATION License #: _____ N.H. MASTER/HMV License #: _____

ADDRESS: CORPORATION

ADDRESS: MASTER/HMV in charge

Street (RR, Box *and/or* PO Box)

Street (RR, Box *and/or* PO Box)

City, State, & Zip Code

City, State, & Zip Code

Area Code & Telephone #: (*Corporation*) _____ (*Master/HMV*) _____

Registration with the N.H. Secretary of State's Office for Corporation, Partnership, LLC is current: Yes / No

Signature: _____ Date: _____

Master/HMVElectrician for Corporation, Original Signature Required

Signature: _____ Date: _____

President/Director/Partner, Original Signature Required

WE CANNOT ACCEPT CASH. MAKE CHECKS PAYABLE TO: *TREASURER, STATE OF NEW HAMPSHIRE.*

CORPORATION FEE: \$75.00

STATE OF NEW HAMPSHIRE RETURNED CHECK POLICY

- We may re-present your checks electronically for any check returned for insufficient or uncollected funds.
- Your returned check will not be provided to you with your bank statement, but you can get a copy by contacting your financial institution.
- Per RSA 6:11-a, a fee of \$25 or 5 percent of the face amount of the check, whichever is greater, plus bank fees, will be charged for each returned check and collected with a separate electronic transaction.

FOR DEPARTMENT USE ONLY

Fee Received _____

Check Number _____