



REGISTERED SERVICE PERSON WORK HISTORY

Public Service Commission
SFN 54027 (04/04)

TYPE OR PRINT - AN INCOMPLETE OR ILLEGIBLE WORK HISTORY WILL BE REJECTED

Applicant Name	Telephone Number	Application Date	
Personal Address	City	State	Zip Code
Name of Employer	Contact Person	Telephone Number	

By submitting this work history, I certify that the information given below is true and is an accurate account of the training and work experience applicable to the areas of service for which I am seeking placing in service authority for the State of North Dakota.

Employers Name and Address (City/State)	Brief Description of work experience and duties applicable to the areas of service for which I am seeking placing in service authority	Dates (Mo/Yr) Performing Those Duties

Attach Completed Work History To Application and Mail To:

Public Service Commission
Testing and Safety Division
600 E Boulevard Ave Dept 408
Bismarck ND 58505-0480
Telephone: (701) 328-2400
Fax: (701) 328-2410