



**APPLICATION FOR ELECTRICIAN'S LICENSE**  
 IOWA ELECTRICAL EXAMINING BOARD

**SUBMIT TO:**  
 IOWA DEPT. OF PUBLIC SAFETY  
 ELECTRICAL EXAMINING BOARD  
 215 EAST SEVENTH STREET  
 DES MOINES, IA 50319

**\*APPLICABLE LICENSE FEE MUST ACCOMPANY THIS APPLICATION.**

**Please Type or Print Legibly**

**Part 1- LICENSE TYPE**

<b>1.DESIGNATE TYPE OF LICENSE DESIRED:</b> <input type="checkbox"/> ELECTRICAL CONTRACTOR - \$375.00 <input type="checkbox"/> MASTER - \$375.00 <input type="checkbox"/> CLASS A    or <input type="checkbox"/> CLASS B <input type="checkbox"/> JOURNEYMAN - \$75.00 <input type="checkbox"/> CLASS A    or <input type="checkbox"/> CLASS B <input type="checkbox"/> SPECIAL ELECTRICIAN - \$75.00 <input type="checkbox"/> APPRENTICE ELECTRICIAN - \$20.00 <input type="checkbox"/> UNCLASSIFIED PERSON - \$20.00  All licenses valid for three years, except apprentice and unclassified licenses. Apprentice licenses and unclassified persons are valid for one year.	<b>2.APPLICATION FOR LICENSE BY:</b> <input type="checkbox"/> EXAMINATION or <input type="checkbox"/> RECIPROCAL or <input type="checkbox"/> PROOF OF WORK EXPERIENCE (Class B) or <input type="checkbox"/> EXISTING CITY LICENSE IN IOWA (Provide copy of existing license and testing results)
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**Part 2- PERSONAL INFORMATION**

Name (Last, First, Middle)	Social Security Number	Date of Birth	Telephone (    )
Mailing Address (Street or P.O. Box)		Email Address	
City	County	State	Zip Code

**Part 3 - EDUCATIONAL RECORD**

TYPE	YES	NO	DATES ATTENDED		NAME & LOCATION OF SCHOOL OR TRADE ASSOCIATION	DATE DIPLOMA OR DEGREE RECEIVED (Attach copy of degree)
			FROM	TO		
Have you completed a two-year post high school course in electrical wiring from which you received a Degree in Electrical Technology?	<input type="checkbox"/>	<input type="checkbox"/>				
Have you completed a four-year or five-year apprentice electrician program?	<input type="checkbox"/>	<input type="checkbox"/>				

**Part 4 -CURRENT ELECTRICAL LICENSES IN FORCE**  
 (If needed, attach an additional sheet in the same format)

TYPE OF LICENSE	ISSUING JURISDICTION	LICENSE #	YEAR LICENSED ISSUED	EXPIRATION DATE	IS THIS LICENSE CURRENT/ ACTIVE?		WAS THE LICENSE OBTAINED BY EXAMINATION?	
					<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**Part 5- SCREENING QUESTIONS**

1. Have you previously filed an application with this state for an electrician's license? <input type="checkbox"/> No <input type="checkbox"/> Yes	2. Have you previously been examined for an electrician's license by this Board? <input type="checkbox"/> No <input type="checkbox"/> Yes
3. Are you registered with the Iowa Electrical Examining Board as an Apprentice Electrician? <input type="checkbox"/> No <input type="checkbox"/> Yes	
4. Have you ever been convicted of a felony under the laws of this state or any other jurisdiction? <input type="checkbox"/> No <input type="checkbox"/> Yes -- If yes, please explain fully on a separate sheet of paper.	
5. Have you ever entered a plea of guilty to a felony or a plea of no contest accepted by the court in this state or any other jurisdiction? <input type="checkbox"/> No <input type="checkbox"/> Yes -- If yes, please explain fully on a separate sheet of paper.	
6. Have you ever been denied application or licensure as an electrician or been disciplined and/or revoked with regard to the practice of electrical wiring or practiced electrical wiring in violation of this state's law or any other jurisdiction? <input type="checkbox"/> No <input type="checkbox"/> Yes -- If yes, please explain fully on a separate sheet of paper.	



**Part 7 - VERIFIABLE ELECTRICAL WORK EXPERIENCE**

Provide verifiable electrical work experience for the last 10 years. If needed, attach an additional sheet in the same format

The Board may verify all employment data with present and former employers.

<b>NAME OF CURRENT EMPLOYER</b>			DUTIES
ADDRESS			
CITY	STATE	ZIP CODE	
DATE OF EMPLOYMENT <b>FROM:</b> <b>TO:</b>		JOB TITLE	
EMPLOYER'S TELEPHONE NUMBER & AREA CODE (       )			
REASON FOR LEAVING:			
<b>NAME OF PREVIOUS EMPLOYER</b>			DUTIES
ADDRESS			
CITY	STATE	ZIP CODE	
DATE OF EMPLOYMENT <b>FROM:</b> <b>TO:</b>		JOB TITLE	
EMPLOYER'S TELEPHONE NUMBER & AREA CODE (       )			
REASON FOR LEAVING:			
<b>NAME OF PREVIOUS EMPLOYER</b>			DUTIES
ADDRESS			
CITY	STATE	ZIP CODE	
DATE OF EMPLOYMENT <b>FROM:</b> <b>TO:</b>		JOB TITLE	
EMPLOYER'S TELEPHONE NUMBER & AREA CODE (       )			
REASON FOR LEAVING:			
<b>NAME OF PREVIOUS EMPLOYER</b>			DUTIES
ADDRESS			
CITY	STATE	ZIP CODE	
DATE OF EMPLOYMENT <b>FROM:</b> <b>TO:</b>		JOB TITLE	
EMPLOYER'S TELEPHONE NUMBER & AREA CODE (       )			
REASON FOR LEAVING:			
<b>NAME OF PREVIOUS EMPLOYER</b>			DUTIES
ADDRESS			
CITY	STATE	ZIP CODE	
DATE OF EMPLOYMENT <b>FROM:</b> <b>TO:</b>		JOB TITLE	
EMPLOYER'S TELEPHONE NUMBER & AREA CODE (       )			
REASON FOR LEAVING:			
<b>NAME OF PREVIOUS EMPLOYER</b>			DUTIES
ADDRESS			
CITY	STATE	ZIP CODE	
DATE OF EMPLOYMENT <b>FROM:</b> <b>TO:</b>		JOB TITLE	
EMPLOYER'S TELEPHONE NUMBER & AREA CODE (       )			
REASON FOR LEAVING:			

**Part 8 - APPLICANT SIGNATURE**

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for in this application may be cause for cancellation of the application and/or suspension of license should it have been issued before the facts were made known. I further understand that false or incorrect information provided by me may result in the cancellation or denial of a license pursuant to this application and may be subject to civil and criminal proceedings. In accordance with this application, I also hereby authorize the Iowa Electrical Examining Board to release my social security number/ employer identification number for purposes of verifying my employment or for reciprocal license verifications. I have read, and am familiar with the Statewide Electrical Licensing Act licensing electricians and hereby agree to abide by such laws.

Signature	Date
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Part 9- ELECTRICAL CONTRACTOR				
THIS SECTION TO BE COMPLETED BY THOSE APPLYING FOR AN ELECTRICAL CONTRACTOR LICENSE ONLY				
NAME OF RESPONSIBLE MASTER ELECTRICIAN		Have you completed and attached a Certificate of Responsible Licensed Master? <input type="checkbox"/> No <input type="checkbox"/> Yes		
NAME OF CONTRACTOR REPRESENTATIVE				
1. BUSINESS NAME OF CONTRACTOR			2. BUSINESS TELEPHONE NUMBER	
3. BUSINESS ADDRESS	4. CITY	5. STATE	6. ZIP CODE	7. COUNTY
8. MAILING ADDRESS	9. CITY	10. STATE	11. ZIP CODE	12. COUNTY
Are you registered as a contractor with the state of Iowa? <input type="checkbox"/> No <input type="checkbox"/> Yes		Iowa Division of Labor -Contractor Registration #		
To check on the status of registration follow the web link: <a href="http://www.iowaworkforce.org/labor/contractor.htm">http://www.iowaworkforce.org/labor/contractor.htm</a>		Federal Tax ID # or Employer Identification #		
<b>THE EXAMINING BOARD MAY REQUIRE BONDING AND INSURANCE REQUIREMENTS AT A LATER DATE</b>				

Signature of Contractor Representative	Date
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Signature of Responsible Master or Master Applicant	Date
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**SUBMIT TO:**  
IOWA DEPT. OF PUBLIC SAFETY  
ELECTRICAL EXAMINING BOARD  
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**VERIFICATION OF WORK - CLASS B MASTER ELECTRICIAN**

**AFFIDAVIT OF WORK EXPERIENCE**

I hereby state that I was practicing as a master electrician on or before December 31, 1989, and have continued to practice as a master electrician through December 31, 2007. I further state that I will have accumulated at least 16,000 hours of electrical work experience as a master electrician between December 31, 1989 and December 31, 2007. [1 full year of work = 2,000 hours]

I understand that this affidavit is to be filed with the Electrical Examining Board in conjunction with an application for a class B master electrician license. I further understand that a class "B" master electrician license is subject to the restrictions set forth by the Electrical Examining Board and the rules and regulations of local political subdivisions.

All statements contained herein are true and correct to the best of my knowledge. I understand that false or incorrect information provided by me in this affidavit or in my application for licensure may result in the denial of a license application or cancellation of a license, and may also subject me to civil and criminal proceedings. I understand that I may be required to provide additional information in support of this affidavit, and agree that all information in this affidavit and in my application may be verified and investigated.

I am familiar with the Statewide Electrical Licensing Act (2007 Iowa Acts, House File 897, sections 11 through 49) and hereby agree to abide by its provisions.

**I attest that I have met the experience requirement for a class B master electrician's license; specifically, that between December 31, 1989 and December 31, 2007, I was practicing as a master electrician and accumulated at least 16,000 hours of electrical work experience comparable to the work allowed by the license for which I am applying during that time.**

\_\_\_\_\_  
**Print Name of Person Signing Affidavit**

\_\_\_\_\_  
**Signature of Person Signing Affidavit**

\_\_\_\_\_  
**Name of Business**

\_\_\_\_\_  
**Date**

Sworn and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public signature

My Commission Expires \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_



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**VERIFICATION OF WORK - CLASS B JOURNEYMAN ELECTRICIAN**

**AFFIDAVIT OF WORK EXPERIENCE**

I hereby state that I was practicing as a journeyman electrician on or before December 31, 1989, and have continued to practice as a journeyman electrician through December 31, 2007. I further state that I will have accumulated at least 16,000 hours of journeyman electrical work experience between December 31, 1989 and December 31, 2007. [1 full year of work = 2,000 hours]

I understand that this affidavit is to be filed with the Electrical Examining Board in conjunction with an application for a class B journeyman electrician license. I further understand that a class "B" journeyman electrician license is subject to the restrictions set forth by the Electrical Examining Board and the rules and regulations of local political subdivisions.

All statements contained herein are true and correct to the best of my knowledge. I understand that false or incorrect information provided by me in this affidavit or in my application for licensure may result in the denial of a license application or cancellation of a license, and may also subject me to civil and criminal proceedings. I understand that I may be required to provide additional information in support of this affidavit, and agree that all information in this affidavit and in my application may be verified and investigated.

I am familiar with the Statewide Electrical Licensing Act (2007 Iowa Acts, House File 897, sections 11 through 49) and hereby agree to abide by its provisions.

**(Note: Experience as a Master Electrician may count toward the 16,000 hour requirement for licensing as a Journeyman. Experience as a Journeyman does not count towards the required experience for licensing as a Master Electrician.)**

**I attest that I have met the experience requirement for a class B journeyman electrician's license; specifically, that between December 31, 1989 and December 31, 2007, I was practicing as a journeyman electrician and accumulated at least 16,000 hours of electrical work experience comparable to the work allowed by the license for which I am applying during that time.**

\_\_\_\_\_  
**Print Name of Person Signing Affidavit**

\_\_\_\_\_  
**Signature of Person Signing Affidavit**

\_\_\_\_\_  
**Name of Business**

\_\_\_\_\_  
**Date**

Sworn and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public signature

My Commission Expires \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_



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**Certificate of Responsible  
Licensed Master**

PRINT IN INK or TYPE your responses. Unreadable or illegible applications will be denied.

TO: ***IOWA ELECTRICAL EXAMINING BOARD***

I, \_\_\_\_\_ of \_\_\_\_\_  
(Name of Licensee) (City)  
\_\_\_\_\_, being an Iowa licensed Master electrician  
(State)

for the firm of \_\_\_\_\_  
(Name of Electrical Contracting Firm)  
of \_\_\_\_\_, \_\_\_\_\_  
(City) (State)

hereby assume all responsibility for the faithful performance of all electrical work undertaken by me and this electrical contracting firm and will comply with all provisions of Iowa Administrative Code 661, Chapter 500, and the requirements of the Iowa Electrical Examining Board.

\_\_\_\_\_  
Signature of Master Electrician Date

\_\_\_\_\_  
Social Security Number Date of Birth

State of Iowa
County of _____
Signed and sworn to (or affirmed) before me on _____ Date
By _____ Name(s) of Person(s)
_____ Signature of Notary Public
_____ Title (or Rank for Military Personnel)
Stamp/ Seal