



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

**SUBMIT TO:**  
IOWA DEPT. OF PUBLIC SAFETY  
ELECTRICAL EXAMINING BOARD  
502 EAST NINTH STREET  
(Wallace Building)  
DES MOINES, IA 50319

\*APPLICABLE LICENSE FEE MUST ACCOMPANY THIS APPLICATION.  
Make Checks payable to : Iowa Department of Public Safety

Please Type or Print Legibly

**Part 1- LICENSE TYPE**

<p><b>1. DESIGNATE TYPE OF LICENSE DESIRED:</b></p> <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 Special Electrician Endorsements: (Check the appropriate endorsement that you would like to receive. You may check multiple endorsements.) <input type="checkbox"/> Irrigation System Wiring <input type="checkbox"/> Disconnect/ Reconnect Existing Air Conditioning or Refrigeration Equipment <input type="checkbox"/> Sign Installation <input type="checkbox"/> Residential Electrician <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.	<p><b>2. APPLICATION FOR LICENSE BY:</b></p> <input type="checkbox"/> EXAMINATION or <input type="checkbox"/> RECIPROCAL or <input type="checkbox"/> PROOF OF WORK EXPERIENCE (Class B or Special Electrician Endorsements) or <input type="checkbox"/> EXISTING CITY LICENSE IN IOWA (Provide copy of existing license and testing results) or <input type="checkbox"/> APPRENTICESHIP PROGRAM (PROVIDE COPY OF D.O.L. PROGRAM LETTER)
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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
2. Are you registered with the U.S. Department of Labor as an Apprentice Electrician? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3. 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.	



**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.

NAME OF CURRENT EMPLOYER			DUTIES
ADDRESS			
CITY	STATE	ZIP CODE	
DATE OF EMPLOYMENT FROM: TO:		JOB TITLE	
EMPLOYER'S TELEPHONE NUMBER & AREA CODE ( )			
REASON FOR LEAVING:			
NAME OF PREVIOUS EMPLOYER			DUTIES
ADDRESS			
CITY	STATE	ZIP CODE	
DATE OF EMPLOYMENT FROM: TO:		JOB TITLE	
EMPLOYER'S TELEPHONE NUMBER & AREA CODE ( )			
REASON FOR LEAVING:			
NAME OF PREVIOUS EMPLOYER			DUTIES
ADDRESS			
CITY	STATE	ZIP CODE	
DATE OF EMPLOYMENT FROM: TO:		JOB TITLE	
EMPLOYER'S TELEPHONE NUMBER & AREA CODE ( )			
REASON FOR LEAVING:			
NAME OF PREVIOUS EMPLOYER			DUTIES
ADDRESS			
CITY	STATE	ZIP CODE	
DATE OF EMPLOYMENT FROM: TO:		JOB TITLE	
EMPLOYER'S TELEPHONE NUMBER & AREA CODE ( )			
REASON FOR LEAVING:			
NAME OF PREVIOUS EMPLOYER			DUTIES
ADDRESS			
CITY	STATE	ZIP CODE	
DATE OF EMPLOYMENT FROM: TO:		JOB TITLE	
EMPLOYER'S TELEPHONE NUMBER & AREA CODE ( )			
REASON FOR LEAVING:			
NAME OF PREVIOUS EMPLOYER			DUTIES
ADDRESS			
CITY	STATE	ZIP CODE	
DATE OF EMPLOYMENT FROM: TO:		JOB TITLE	
EMPLOYER'S TELEPHONE NUMBER & AREA CODE ( )			
REASON FOR LEAVING:			
NAME OF PREVIOUS EMPLOYER			DUTIES
ADDRESS			
CITY	STATE	ZIP CODE	
DATE OF EMPLOYMENT FROM: TO:		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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**ALL CHECKS TO BE MADE PAYABLE TO: Iowa Dept. of Public Safety**

<b>Part 9- ELECTRICAL CONTRACTOR</b>				
<b>THIS SECTION TO BE COMPLETED BY THOSE APPLYING FOR AN ELECTRICAL CONTRACTOR LICENSE ONLY</b>				
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> or phone: 1-800-562-4692 or 1-(515) 281-5387		Federal Tax ID # or Employer Identification #		
<b>THE EXAMINING BOARD ALSO REQUIRES A CERTIFICATE OF LIABILITY INSURANCE PROVIDED TO THE BOARD FAX TO: (515) 725-6151</b>				

Signature of Contractor Representative	Date
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Signature of Responsible Master or Master Applicant	Date
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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 January 01, 1998, 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 January 01, 1998 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 January 01, 1998 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

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 January 01, 1998, and have continued to practice as a journeyman electrician through December 31, 2007. I further state that I will have accumulated at least 8,000 hours of journeyman electrical work experience between January 01, 1998 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 January 01, 1998 and December 31, 2007, I was practicing as a journeyman electrician and accumulated at least 8,000 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

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



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VERIFICATION OF WORK - SPECIAL ELECTRICIAN
AFFIDAVIT OF WORK EXPERIENCE

I hereby state that I meet the experience requirements of a special electrician for the designated endorsement (s).

SPECIAL ELECTRICIAN ENDORSEMENTS:

Check the appropriate box for the endorsement you would like to receive. You may check multiple endorsements

[ ] Irrigation System Wiring - This endorsement requires the passing of a written supervised exam approved by the board or has completion of two years, or 4,000 hours of documented experience in the wiring of irrigation systems

[ ] Disconnecting and Reconnecting Existing Air Conditioning and Refrigeration Systems - This endorsement requires the passing of a written supervised exam approved by the board or completion of two years of documented experience in the air conditioning and refrigeration trade.

[ ] Sign Installation - This endorsement allows the applicant to connect signs to electrical systems. This endorsement does not authorize a licensee to connect power to a sign that has a voltage greater than 220 Volts and an ampere rating of greater than 20 amps. Initial installation and or upgrading of the branch circuits supplying power to the sign shall be installed by a licensed electrician. There are no examination or experience requirements for this endorsement.

[ ] Residential Electrician - This endorsement requires the passing of a supervised examination approved by the board or completion of four years of documented experience performing residential electrical work.

I understand that this affidavit is to be filed with the Electrical Examining Board in conjunction with an application for a special electrician with endorsement title(s) (Fill in designated endorsements)

I declare under penalty of perjury that my answers, and all other information that I have submitted in the application process, are true and correct to the best of my knowledge. If it is determined at any time that I have provided misleading or false information on or in support of this application, I understand that my application may be denied or that I may be subject to disciplinary action, and may subject me to civil and criminal proceedings. I hereby give permission to Iowa Electrical Examining Board to investigate and verify any information I have submitted in the application process. I understand that I may be required to provide additional information in support of this affidavit.

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 declare under penalty of perjury that I have met the experience requirement for the requested endorsement or endorsements of the special electrician license.

Print Name of Person Signing Affidavit

Signature of Person Signing Affidavit Name of Business

Date

Sworn and Subscribed before me this day of, 20

My Commission Expires

Notary Public signature

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 \_\_\_\_\_

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

