



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

**AN APPLICATION IS NOT CONSIDERED COMPLETE AND WILL NOT BE PROCESSED UNTIL
ALL ITEMS HAVE BEEN SUBMITTED AS REQUIRED**

The application must be completed and signed by the applicant. All information must be typed or clearly printed in black or blue ink using upper cases letters. The application and all attachments must be submitted on separate pieces of single-sided, 8½” x 11” plain paper. Please use a paper clip to fasten all pages together, with the check or money order on top. Do not use staples, use only plain paper.

If one check will be used to pay for multiple applications, a Combined Check Worksheet must be completed and submitted with the applications and payment. The Combined Check Worksheet is available on the Department’s Website.

**ALL CHECKS TO BE MADE PAYABLE TO: IOWA DEPARTMENT OF PUBLIC SAFETY
THE MEMO AREA OF THE CHECK SHOULD READ “Electrician Licensing Fees.”**

**Please check pro-rated schedule to see if applicable: [Pro-Rated Schedule of Electrician License Fees](#)*

**THE FOLLOWING MATRIX SHOULD BE USED TO DETERMINE WHICH PORTIONS OF THE LICENSE
APPLICATION ARE REQUIRED TO BE FILLED OUT BASED ON THE TYPE OF LICENSE THAT IS DESIRED.**

Type of License	Part 1 License Type	Part 2 Personal Information	Part 3 Educational Record	Part 4 Current Electrical Licenses in Force	Part 5 Screening Questions	Part 6 Practical Electrical Work Experience	Part 7 Verifiable Electrical Work Experience	Part 8 Applicant Signature	Part 9 Electrical Contractor	Class B Affidavit or Special Electrician Affidavit	Certificate of Master Electrician for Electrical Contractor
Electrical Contractor	X	X		X	X			X	X		X
Class A Master Electrician	X	X	X	X	X	X	X	X			
Class B Master Electrician	X	X	X	X	X	X	X	X		X	
Class A Journeyman Electrician	X	X	X	X	X	X	X	X			
Class B Journeyman Electrician	X	X	X	X	X	X	X	X		X	
Special Electrician	X	X	X	X	X	X	X	X		X	
Apprentice Electrician	X	X	X		X	X	X	X			
Unclassified Person	X	X	X		X	X	X	X			

ALL APPLICANTS MUST PROVIDE QUALIFICATIONS FOR TYPE OF LICENSE DESIRED

Part 1 – LICENSE TYPE

1. DESIGNATE TYPE OF LICENSE DESIRED: - Indicate the type of license desired by checking the appropriate boxes

Electrical Contractor – A person affiliated with an electrical contracting firm or business who is licensed by the board as either a Class A or Class B Master Electrician and who is also registered with the state of Iowa as a contractor

Master Electrician – A person having the necessary qualifications and technical knowledge to properly plan, lay out, and supervise the installation of electrical wiring and equipment for light, heat, and power.

Class A - License was obtained by written supervised examination and is not subject to the restrictions of a Class B license

Class B – License is granted by proven experience since 1998. License is subject to restrictions by the board and local political subdivisions.

Journeyman Electrician – Persons having the necessary qualifications to wire for or install electrical wiring and equipment.

Class A - License was obtained by written supervised examination and is not subject to the restrictions of a Class B license

Class B – License is granted by proven experience since 1998. License is subject to restrictions by the board and local political subdivisions.

Special Electrician – A person having the necessary qualifications to install special classes of electrical wiring, apparatus, equipment, or installations which shall include irrigation system wiring, disconnecting and reconnecting of existing air conditioning and refrigeration equipment, sign installations, and residential electrician. The requirements and qualifications for a special electrician license are different than those qualifications for a Master or Journeyman electrician.

Special Electrician Endorsements: Each endorsement is an area of specialty electrical work that has qualifications that differ from a Master or Journeyman license. The \$75.00 fee allows for one or more endorsements. There is no additional fee for an applicant to have more than one endorsement.

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

Disconnecting/ Reconnecting of Existing Air Conditioning and Refrigeration Equipment - This endorsement requires the applicant to have two years of documented experience in the air conditioning and refrigeration trade **or** to have passed an examination approved by the Board.

Sign Installation - This endorsement allows the applicant to connect signs to electrical systems. There are no examination or experience requirements for this endorsement. 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

Residential Electrician - This endorsement requires the passing of a supervised examination approved by the board or has completed four years of documented experience performing residential electrical work. Residential electrical work is considered electrical work in a residence in which there are no more than four living units within the same building.

Apprentice Electrician – A person who is engaged in learning and assisting in the installation, alteration, and repair of electrical wiring, apparatus, and equipment as an employee of a person licensed by the board and is progressing toward the completion of an apprenticeship program registered by the bureau of apprenticeship and training with the United States Department of Labor.

Unclassified Person – Any person other than an apprentice electrician or other person licensed under this licensing act, who, as such person's principal occupation, is engaged in learning and assisting in the installation, alteration, and repair of electrical wiring, apparatus, and equipment as an employee of a person licensed under this licensing act.

2. APPLICATION FOR LICENSE BY:

Examination – Check this box if you plan to take an examination sponsored by the state of Iowa to obtain an electrical license. All experience requirements and qualifications per the State Electrical Board must be met to allow one to take the examination.

Reciprocal – Check this box if you intend to obtain your license through reciprocity with states that have entered into a reciprocity agreement with the state of Iowa. At this time, Iowa does not have any reciprocity agreements with any other state. Please check the following website for updates of reciprocity agreements. <http://www.dps.state.ia.us/fm/electrician/index.shtml>

Proof of Work Experience – Check this box if you intend to obtain a Class B license or a special electrician endorsement by providing proof of work experience

Existing City License in Iowa – Check this box if you intend to obtain a license by indicating that you currently possess an electrical license that was obtained through a local Iowa political subdivision that required the passing of a written supervised examination in order to obtain licensure. Provide a copy of the license and testing results with your application.

Part 2- PERSONAL INFORMATION

NAME – Full Name of applicant – *Electrical Contractor Business Name is required in a later section*

SOCIAL SECURITY NUMBER – Provide the Social Security number that is used by the applicant. All social security numbers will be kept confidential

MAILING ADDRESS (Mailing Address, City, County, State, Zip Code) - Write the mailing address of the applicant

Part 3 - EDUCATIONAL RECORD

If none of the questions apply, check the NO box for each question and continue to the next section of the form.

Part 4 -CURRENT ELECTRICAL LICENSES IN FORCE

If you do not currently have any electrical licenses in force, leave this section blank or write “NONE” next to CURRENT LICENSES IN FORCE Column.

Type of license, issuing jurisdiction, license number, year license issued, and expiration date of license – Enter the type of license (master, journeyman, electrical contractor, etc.), Jurisdiction that issued license (i.e. City of Des Moines, State of Nebraska, Linn County), License Number, Year license was issued (Original Issue Date), and expiration date of license

IS THIS LICENSE CURRENT/ ACTIVE? – Check the appropriate box if your current license is active and up to date.

WAS THE LICENSE OBTAINED BY EXAMINATION? – Check the appropriate box if the license you currently hold was obtained by passing a written supervised examination.

Part 5 – SCREENING QUESTIONS

Answer all questions in this section. Failure to do so could result in your license being delayed.

Part 6- PRACTICAL ELECTRICAL WORK EXPERIENCE

PRACTICAL ELECTRICAL EXPERIENCE – On the left side of the section provide the amount of time the applicant was performing at the various levels of electrical occupations. On the right side of the section provide the percentage of time that the applicant spent in each type of work. The total percentage should add up to 100%.

REFERENCES: - Provide 3 persons or firms, preferably in the electrical industry, to be used as references. These can be Supervisors, co-workers, supply houses, clients....

REMARKS: - Space provided for comments or additional information that would assist the board in evaluating your application.

Part 7 - VERIFIABLE ELECTRICAL WORK EXPERIENCE

Name of Current/ Previous Employer – Provide names of present and previous employers. If self employed, list company name and indicate self-employed.

Mailing Address – (Mailing Address, City, State, Zip Code) – Mailing Address of Employer

Reason for Leaving – Indicate reason for leaving (i.e. Better Opportunity, Resigned, Laid Off, Fired, etc.)

Duties– Provide a detailed explanation of the nature of work (specific electrical functions performed.... i.e. bend conduit, wire switches, pull wire....Please do not fill in the block stating “electrical work, electrician duties, or all aspects of electrical work...) that the applicant performed during employment.

Part 8- APPLICANT SIGNATURE – Sign and date the application

Please remember that the application must be completed in blue or black ink and all attachments must be submitted on separate pieces of single-sided, 8½" x 11" paper. Please use a paperclip to fasten all pages together. Do not use staples. Any deviation from these instructions may delay the processing of your application.

Documents submitted with the application will not be returned. Keep a copy of the completed application, all attachments and your check. Do not submit forms that you did not have to complete.

Before you sign, carefully read the statement at the bottom of the application. Be aware that information provided on this application and any attachments are subject to audit. Providing false information may result in revocation of this license and imposition of administrative penalties.

Part 9- ELECTRICAL CONTRACTOR - This portion of the application to be completed by those applying for an Electrical Contractor license. A Master Electrician license is required for an electrical contractor.

Name of Responsible Master Electrician – Print the name of the Responsible Master Electrician that is required to be or be employed by the Electrical Contractor

Name of Contractor Representative – Print the name of the Contractor Representative (i.e. owner, officer of corporation, etc.).

Have you completed and attached a Certificate of Responsible Licensed Master? – Check the appropriate box. A Certificate of Responsible Master Electrician is required to obtain an Electrical Contractor License.

Business Name of Contractor – Enter the business name of contractor as it appears on the Contractor Registration Form issued by the Iowa Division of Labor, except for an individual (sole proprietor) or a partnership making application using the individual's or all partners' own full true name(s) as the contractor name. Examples of business names:

- An individual without an assumed name – John Doe or John Doe Electric
- An individual with an assumed name – John Doe dba Assumed Name
- A partnership with an assumed name – John Doe and Jane Doe dba Assumed Name
- A corporation – Company Name, Inc.
- A corporation with an assumed name – Company Name Inc. dba Assumed Name
- A limited liability company – Company Name, LLC or LLP

Business Address – Address of the business

Mailing Address – Required if different from business address

Are you registered as a contractor with the state of Iowa? – Check the appropriate box. An electrical contractor is required to be registered as a contractor with the state of Iowa before they can receive an electrical contractor license. To check on the status of registration follow the web link: <http://www.iowaworkforce.org/labor/contractor.htm>

Iowa Division of Labor Contractor Registration # - Provide the registration number of the electrical contractor as provided by the Iowa Division of Labor. To check the requirements of the Iowa Division of Labor go to their web site at <http://www.iowaworkforce.org/labor/contractor.htm>

Federal Tax ID# or Employer Identification # - Provide the federal tax identification number or employer identification number assigned to the business by the U.S. Department of Treasury – Internal Revenue Service. Sole proprietorships and partnership should provide their social security number(s) in lieu of the employer identification number. All employer identification numbers and social security numbers will be not be part of the public record and will be kept confidential.

Signature of Contractor Representative – Contractor Representative to sign and date application

Signature of Responsible Master or Master Applicant – Responsible Master Electrician or Master Electrician Applicant to sign and date application

CLASS B AFFADAVIT FORM – This form is used to verify that you have been practicing as an electrician on or before 1998.

CHOOSE EITHER THE MASTER OR JOURNEYMAN AFFIDAVIT. THIS PROVISION ONLY APPLIES TO THOSE APPLYING FOR CLASS B MASTER OR JOURNEYMAN LICENSES.

Print Name of Qualifying Party – Print name of applicant applying for Class B license

Signature of Qualifying Party – Signature of applicant applying for Class B license

Name of Business- Print Name of Business that applicant works for/ owns

Date – Print date that the form was filled out.

THIS FORM IS REQUIRED TO BE NOTARIZED – The bottom of this form is required to be filled out by a notary of the public. A notary of the public is required to witness that the person signing this document is authentic.

A notary of the public in your area can be found at the following web site: <http://www.sos.state.ia.us/notaries/index.html> This website contains a searchable database of notaries of the public in your area.

SPECIAL ELECTRICIAN AFFADAVIT FORM – This form is used to verify that you meet the experience requirements for a particular special electrician endorsement. IF YOU ARE APPLYING FOR A SPECIAL ELECTRICIAN LICENSE THAT IS BASED UPON WORK EXPERIENCE THIS FORM IS REQUIRED TO BE COMPLETED

SELECT A SPECIAL ELECTRICIAN ENDORSEMENT. MULTIPLE ENDORSEMENTS MAY BE CHOSEN

Print Name of Qualifying Party – Print name of applicant applying for Class B license

Signature of Qualifying Party – Signature of applicant applying for Class B license

Name of Business- Print Name of Business that applicant works for/ owns

Date – Print date that the form was filled out.

THIS FORM IS REQUIRED TO BE NOTARIZED – The bottom of this form is required to be filled out by a notary of the public. A notary of the public is required to witness that the person signing this document is authentic.

A notary of the public in your area can be found at the following web site: <http://www.sos.state.ia.us/notaries/index.html> This website contains a searchable database of notaries of the public in your area.

CERTIFICATE OF RESPONSIBLE MASTER – This form is to designate a master electrician that is responsible for the electrical contractor

THIS FORM IS REQUIRED TO BE NOTARIZED – The bottom of this form is required to be filled out by a notary of the public. A notary of the public is required to witness that the person signing this document is authentic.

A notary of the public in your area can be found at the following web site: <http://www.sos.state.ia.us/notaries/index.html> This website contains a searchable database of notaries of the public in your area.



COMBINED CHECK WORKSHEET IOWA ELECTRICAL EXAMINING BOARD

Contact Information

Name			
Address			
Telephone		Email	

	APPLICANT NAME	Electrical Contractor	Class A Master	Class B Master	Class A Journeyman	Class B Journeyman	Special Electrician	Apprentice or Unclassified Person
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
	Add up each column							
	Multiply by Fee							
	Total fee due for each license type							

CHECK NUMBER

TOTAL DUE

Use this worksheet to submit one check to pay the fees for up to 20 applications. List each applicant's name and mark the license type they are seeking in the appropriate column. Add all of the fees due and submit one check in that amount along with all of the applications. Please note that if the names listed on this worksheet do not match those on the applications submitted, or if the check is not for the correct amount, the applications will not be processed and the entire packet will be returned.



APPLICATION FOR ELECTRICIAN'S LICENSE
IOWA ELECTRICAL EXAMINING BOARD

Iowa Toll Free (866) 923-1082

Local (515) 725-6147

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

1.DESIGNATE TYPE OF LICENSE DESIRED:

- ELECTRICAL CONTRACTOR – See Fee Schedule
- MASTER – See Fee Schedule CLASS A or CLASS B
- JOURNEYMAN – See Fee Schedule CLASS A or CLASS B
- SPECIAL ELECTRICIAN – See Fee Schedule

Special Electrician Endorsements: (Check the appropriate endorsement that you would like to receive. You may check multiple endorsements.)

- Irrigation System Wiring
- Disconnect/ Reconnect Existing Air Conditioning or Refrigeration Equipment
- Sign Installation
- Residential Electrician

- APPRENTICE ELECTRICIAN – See Fee Schedule
- UNCLASSIFIED PERSON – See Fee Schedule

All licenses valid for three years, except apprentice and unclassified licenses. Apprentice licenses and unclassified persons are valid for one year.

2.APPLICATION FOR LICENSE BY:

- EXAMINATION
- or
- RECIPROCAL
- or
- PROOF OF WORK EXPERIENCE (Class B or Special Electrician Endorsements)
- or
- EXISTING CITY LICENSE IN IOWA (Provide copy of existing license and testing results)
- or
- APPRENTICESHIP PROGRAM (PROVIDE COPY OF D.O.L. PROGRAM LETTER)

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?	
					YES	NO	YES	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:			

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

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: http://www.iowaworkforce.org/labor/contractor.htm or phone:1-800-562-4692 or 1-(515) 281-5387		Federal Tax ID # or Employer Identification #		
THE EXAMINING BOARD ALSO REQUIRES A CERTIFICATE OF LIABILITY INSURANCE PROVIDED TO THE BOARD FAX TO: (515) 725-6151				

Signature of Contractor Representative	Date
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Signature of Responsible Master or Master Applicant	Date
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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

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

My Commission Expires _____

State of _____ County of _____



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

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 My Commission Expires _____

State of _____ County of _____



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

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 _____



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

**Certificate of Responsible
Licensed Master**

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

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

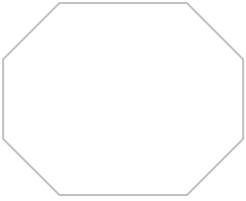
I, _____ of _____
(Name of Licensee) (City)
_____, being an Iowa licensed Master electrician
(State)

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

PRORATING SCHEDULE

License Type	3 year Pro-rated License	Month License Is Purchased							
		Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
	Master Electrician	\$125.00	\$114.58	\$104.16	\$93.74	\$83.32	\$72.90	\$62.48	\$52.06
	Electrical Contractor	\$125.00	\$114.58	\$104.16	\$93.74	\$83.32	\$72.90	\$62.48	\$52.06
	Journeyman Electrician	\$25.00	\$22.92	\$20.84	\$18.76	\$16.68	\$14.60	\$12.52	\$10.44
	Special Electrician	\$25.00	\$22.92	\$20.84	\$18.76	\$16.68	\$14.60	\$12.52	\$10.44
	1 year Pro-rated License	Month License Is Purchased							
		Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
	Apprentice	\$20.00	\$18.33	\$16.66	\$14.99	\$13.32	\$11.65	\$9.98	\$8.31
	Unclassified	\$20.00	\$18.33	\$16.66	\$14.99	\$13.32	\$11.65	\$9.98	\$8.31

If You are applying for multiple licenses add the amounts together

i.e..... Electrical Contractor and a Master Electrician license paid for in Sept. \$333.34



June 30, 2009

RE: PRO-RATING OF LICENSE FEES

Dear Electrician License Applicant,

This letter is to inform current licensees, as well as applicants for the State of Iowa electrician licenses, of legislation that will take effect July 01, 2009. It specifically concerns the pro-rating of the license fees. ***If the license fee was received by the Electrical Examining Board prior to July, 01 2009, the licensee or applicant will not be eligible for a refund or for a pro-rated fee.***

The new section of the statute reads:

Section 103.19, Code 2009, is amended by adding the following new subsection:

NEW SUBSECTION. 3. If the board determines that all licenses shall expire on the same date every three years for licenses specified in subsection 1, paragraph "a", the license fees shall be pro-rated by month.

The new pro-rated fee structure will be sent out via e-mail; and will also be posted on-line. When submitting the application for a license, please make sure that the check is for the correct fee amount. Applications received with an incorrect fee amount will be returned for correction. Sending the wrong amount will delay processing of the application as well as issuance of the license. We thank you in advance for your cooperation, and apologize if this causes any inconvenience.

The Board was given authority by legislation to develop several additional licenses to be issued in the future: Inactive Master License, Residential Electrician License (separate from the Special Electrician License Endorsement), Residential Master Electrician License, Residential Contractor, and Residential Electrician Trainee. The only license that will begin issuing prior to December 31, 2010, will be the Inactive Master's license; however, more information will become available as the other licenses are developed.

If you have questions regarding this letter, or if you do not have internet access to download the information, please contact us at 1-866-923-1082 or elecinfo@dps.state.ia.us

Sincerely,

Electrical Examining Board Staff