



### PSI Testing Sponsorship

Do not submit this form any earlier than 1 month prior to being ready to sit for the exam.

OFFICE USE ONLY	
Approved: YES	DATE _____
NO	DATE _____
If No needs: _____	

I am submitting this request for sponsorship from the Iowa Electrical Examining Board for the current Board-approved electrical exam:

**Exam you are requesting to be sponsored for:**

- |   |  |
|---|--|
| <input type="checkbox"/> Apprentice to Journeyman Electrician | <input type="checkbox"/> Apprentice to Residential Electrician |
| <input type="checkbox"/> Journeyman Electrician               | <input type="checkbox"/> Residential Electrician               |
| <input type="checkbox"/> Master Electrician                   | <input type="checkbox"/> Residential Master Electrician        |

**Special Electrician:**  Disconnect/Reconnect Existing A/C or Refrigeration Equip.  Irrigation System Wiring

Applicants who fail the examination once shall be allowed to take the examination at the next scheduled time (you are responsible to reschedule the exam with PSI). The Electrical Examining Board requires that, after taking the exam and failing it twice, the applicant must complete 12 hours of Board-approved Continuing Education over the National Electrical Code (NEC) in order to further his or her knowledge, and must let 6 months pass from last exam date before requesting sponsorship to re-take the exam. After the criteria above have been met, re-submit a new sponsorship form with copies of your CEU certificates.

Apprentice scores will be held until United States Department of Labor Certificate of Completion has been submitted with appropriate license fee.

I acknowledge by requesting sponsorship for this exam that I have read the instructions and meet the requirements for sponsorship for the exam I have requested.

**Name listed below must match Driver's License and all fields must be completed.**

Name _____			
(PRINT) FIRST NAME	M. I.	LAST NAME	
Address _____			
STREET	CITY	STATE	ZIP CODE
SOCIAL SECURITY NUMBER _____		DATE OF BIRTH _____	PHONE NUMBER _____

I have worked in Iowa, partially or completely, for the following years: (Check all that apply)

I have been licensed with Iowa for the following years: (Check all that apply)

2008__	2011__	2014__	2017__	2008__	2011__	2014__	2017__
2009__	2012__	2015__	2018__	2009__	2012__	2015__	2018__
2010__	2013__	2016__	2019__	2010__	2013__	2016__	2019__

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Today's Date