



APPLICATION FOR ELECTRICIAN'S LICENSE
IOWA ELECTRICAL EXAMINING BOARD

SUBMIT TO:
ELECTRICAL EXAMINING BOARD
215 EAST 7TH STREET
DES MOINES, IA 50319

***APPLICABLE LICENSE FEE PAYABLE TO IOWA ELECTRICAL EXAMINING BOARD MUST ACCOMPANY THIS APPLICATION.**
***ALL FIELDS ARE REQUIRED TO BE COMPLETED BY APPLICANT TO RECEIVE A LICENSE.**
***PLEASE TYPE OR PRINT LEGIBLY**

Part 1- PERSONAL INFORMATION			
Legal 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 2 -LICENSE TYPE			
1.DESIGNATE TYPE OF LICENSE DESIRED: <input type="checkbox"/> ELECTRICAL CONTRACTOR – (See Fee Schedule) <small>(Certificate of Responsible Licensed Master required)</small> <input type="checkbox"/> MASTER - (See Fee Schedule) <input type="checkbox"/> CLASS A or <input type="checkbox"/> CLASS B <small>(Affidavit required for Class B licensure)</small> <input type="checkbox"/> RESIDENTIAL MASTER - (See Fee Schedule) <input type="checkbox"/> RESIDENTIAL ELECTRICAL CONTRACTOR - (See Fee Schedule) <input type="checkbox"/> RESIDENTIAL ELECTRICIAN - (See Fee Schedule) <input type="checkbox"/> JOURNEYMAN - (See Fee Schedule) <input type="checkbox"/> CLASS A or <input type="checkbox"/> CLASS B <small>(Affidavit required for Class B licensure)</small> <input type="checkbox"/> SPECIAL ELECTRICIAN - (See Fee Schedule) Special Electrician Endorsements: (Check the appropriate endorsement(s) that you would like to receive. You may check multiple endorsements. Affidavit required) <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"/> APPRENTICE ELECTRICIAN - (See Fee Schedule) <input type="checkbox"/> UNCLASSIFIED PERSON - (See Fee Schedule)		2.APPLICATION FOR LICENSE BY: <input type="checkbox"/> EXAMINATION <small>(Please complete Testing Sponsorship Request Form)</small> or <input type="checkbox"/> RECIPROCAL <small>(Current state-issued journeyman or master/electrical contractor license with which Iowa has a signed reciprocal agreement. Provide a copy of existing state license.)</small> or <input type="checkbox"/> PROOF OF WORK EXPERIENCE <small>(Unclassified, Class B or Special Electrician Endorsements)</small> or <input type="checkbox"/> EXISTING CITY LICENSE IN IOWA <small>(Provide copy of existing license and testing results)</small> <input type="checkbox"/> APPRENTICE PROGRAM <small>(Provide copy of U.S. Department of Labor ETA 671 or Program Registration)</small> <hr/> <small>Name of Apprentice Program</small> <small>Date started program</small>	
See Fee Schedule for amount(s) due and license terms			
Part 3- SCREENING QUESTIONS			
1. Have you previously filed an application with this state for an electrician's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		2. Have you previously been examined for an electrician's license by this Board? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Are you currently registered with U.S. Department of Labor as an Apprentice Electrician and currently attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4. Have you ever been convicted of a felony under the laws of this state or any other jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No -- 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"/> Yes <input type="checkbox"/> No -- 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"/> Yes <input type="checkbox"/> No -- If yes, please explain fully on a separate sheet of paper.			
7. Have you been practicing solely within a jurisdiction where you held an electrical license but are now seeking a State of Iowa license? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. Are you applying for a State of Iowa license because you were previously holding an electrical license issued by a jurisdiction that is discontinuing its licensing program? <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Have you been practicing as an electrician or electrical contractor in Iowa without a jurisdiction or State of Iowa license at any time after January 1, 2008 where licensure was required?

Yes No

10. Have you previously had a license issued by the Electrical Examining Board that was suspended or revoked?

Yes No

11. Do you wish to use a successfully completed United States Military Electrical Apprenticeship Program, training, or service experience toward licensure requirements?

Yes No --If yes, please provide supporting documentation from the military (DD Forms).

12. Are you a veteran with a reciprocating state-issued electrical license wishing to reciprocate to Iowa?

Yes No

Part 4 - EDUCATIONAL RECORD

TYPE	YES	NO	DATES ATTENDED		NAME & LOCATION OF SCHOOL OR TRADE ASSOCIATION	DATE DIPLOMA OR DEGREE RECEIVED (Attach copy of degree/certificate)
			FROM	TO		
Have you completed a 1-year or 2-year Board-approved Post-Secondary Electrical Program in electrical wiring from which you received a diploma or degree?	<input type="checkbox"/>	<input type="checkbox"/>				
Have you completed a four-year or five-year registered apprentice electrician program?	<input type="checkbox"/>	<input type="checkbox"/>				

Part 5 -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 7 - VERIFIABLE ELECTRICAL WORK EXPERIENCE

All applicants must provide verifiable electrical work experience.

Class B applicants must provide documentation of work experience beginning prior to 01/01/1998. 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 - N/A IF THIS IS YOUR CURRENT EMPLOYER:			
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

STOP HERE IF YOU ARE APPLYING FOR AN APPRENTICE ELECTRICIAN, UNCLASSIFIED PERSON, RESIDENTIAL ELECTRICIAN, JOURNEYMAN CLASS A, RESIDENTIAL MASTER OR MASTER CLASS A LICENSE.

Please continue if you are applying for a contractor's license or a license that requires you to sign an affidavit.

AFTER SUBMISSION, PLEASE ALLOW 3-4 WEEKS FOR RECEIPT OF THE CARD. IF NOT RECEIVED AFTER 4 WEEKS, PLEASE CONTACT THE OFFICE. DUE TO THE VOLUME OF APPLICATIONS, WE ARE UNABLE TO VERIFY THE STATUS OF THE APPLICATION DURING PROCESSING.

Part 9- ELECTRICAL CONTRACTOR

THIS SECTION TO BE COMPLETED ONLY BY THOSE APPLYING FOR AN ELECTRICAL CONTRACTOR OR RESIDENTIAL ELECTRICAL CONTRACTOR LICENSE

NAME OF RESPONSIBLE MASTER ELECTRICIAN		Certificate of Responsible Licensed Master (next page) – A Certificate of Responsible Master Electrician is required to obtain a Contractor License. If the applicant is applying for the Master Electrician License at the same time, he or she may complete the Certificate of Responsible Licensed Master as if the license has been issued. Have you completed and attached the Certificate of Responsible Licensed Master? <input type="checkbox"/> Yes <input type="checkbox"/> If no, a Contractor's license will not be issued.				
NAME OF CONTRACTOR						
1. BUSINESS NAME			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		

Electrical Contractors and Residential Electrical Contractors are required to be registered as a contractor with Iowa Workforce Development before the State of Iowa Electrical Contractor license will be issued.

Are you registered as a contractor with the state of Iowa?
 Yes

Provide Iowa Division of Labor (IWD) - Contractor Registration Number and expiration date below.

Number: _____ Expiration date: _____

If no, then contact Iowa Workforce Development, Division of Labor Services at: <http://www.iowaworkforce.org/labor/contractor.htm>, or call (515) 242-5871 or (Toll-free in Iowa) 1-800-562-4692.

A CERTIFICATE OF LIABILITY INSURANCE SHALL ACCOMPANY THIS APPLICATION,
 FAX TO: (515) 725-6151, OR EMAIL TO: elecinfo@dps.state.ia.us

Insurance expiration date: _____

On the certificate, please include the name of the person who holds the Electrical Contractor License for the company and the business name. The **“Certificate Holder”** (in the lower left corner of the document) shall be made out to: Iowa Electrical Examining Board, at 215 E. 7th St, Des Moines, IA 50319.

Documentation of continuous liability insurance coverage for the amount of at least \$1 million general and complete operations for your company is required. Contact your insurance agent and request to have this information sent annually upon policy renewal date to insure documentation of continuous insurance coverage in our office.

Signature of Contractor	Date
-------------------------	------

Signature of Responsible Master or Master Applicant	Date
---	------



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

**SUBMIT TO:
ELECTRICAL EXAMINING BOARD
215 EAST 7TH STREET
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 1, 1998, and for at least sixteen thousand hours, of which at least eight thousand hours shall have been accumulated since January 1, 1998. [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 IOWA CODE 103 and Administrative Rules Chapters 661-500 through 559 and hereby agree to abide by their provisions.

I attest that I have met the experience requirement for a Class B master electrician's license; specifically, beginning on or before January 01, 1998, I was practicing as a master electrician, and have accumulated at least 16,000 hours of electrical work experience, comparable to the work allowed by the license for which I am applying, of which at least eight thousand hours shall have been accumulated since January 1, 1998.

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 _____

NOTARY STAMP



APPLICATION FOR ELECTRICIAN'S LICENSE
IOWA ELECTRICAL EXAMINING BOARD

SUBMIT TO:
ELECTRICAL EXAMINING BOARD
215 EAST 7TH STREET
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 1, 1998, and for at least sixteen thousand hours, of which at least eight thousand hours shall have been accumulated since January 1, 1998. [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 IOWA CODE 103 and Administrative Rules Chapters 661-500 through 559 and hereby agree to abide by their 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, beginning on or before January 01, 1998, I was practicing as a journeyman electrician, and have accumulated at least 16,000 hours of electrical work experience comparable to the work allowed by the license for which I am applying, of which at least eight thousand hours shall have been accumulated since January 1, 1998.

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 _____

NOTARY STAMP



APPLICATION FOR ELECTRICIAN'S LICENSE
IOWA ELECTRICAL EXAMINING BOARD

SUBMIT TO:
ELECTRICAL EXAMINING BOARD
215 EAST 7TH STREET
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 applicant to have four 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.

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 IOWA CODE 103 and Administrative Rules Chapters 661-500 through 559 and hereby agree to abide by their 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 _____

Notary Public signature

My Commission Expires _____

State of _____ County of _____

NOTARY STAMP



APPLICATION FOR ELECTRICIAN'S LICENSE
IOWA ELECTRICAL EXAMINING BOARD

SUBMIT TO:
ELECTRICAL EXAMINING BOARD
215 EAST 7TH STREET
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

License Fees For 2014-2016 license cycle			
IF YOU HAVE BEEN WORKING IN IOWA WITHOUT A LICENSE WHERE LICENSURE IS REQUIRED, PLEASE CALL THE OFFICE BEFORE SUBMITTING AN APPLICATION.			
		Year applying for license	
Type of license applying for:			
Apprentice or Unclassified	2014	2015	2016
January	\$20.00	\$20.00	\$20.00
February	\$18.26	\$18.26	\$18.26
March	\$16.60	\$16.60	\$16.60
April	\$14.94	\$14.94	\$14.94
May	\$13.28	\$13.28	\$13.28
June	\$11.62	\$11.62	\$11.62
July	\$9.96	\$9.96	\$9.96
August	\$8.30	\$8.30	\$8.30
September	\$6.64	\$6.64	\$6.64
	*		*
*October	\$20.00	* \$20.00	\$20.00
	*		*
*November	\$20.00	* \$20.00	\$20.00
	*		*
*December	\$20.00	* \$20.00	\$20.00
*Start renewing & issuing new 1-year licenses			
Journeyman Class A or B - Residential Electrician or Special Electrician	2014	2015	2016
January	\$75.00	\$50.00	\$25.00
February	\$72.88	\$47.88	\$22.88
March	\$70.08	\$45.80	\$20.80
April	\$68.72	\$43.72	\$18.72
May	\$66.64	\$41.64	\$16.64
June	\$64.56	\$39.56	\$14.56
July	\$62.48	\$37.48	\$12.48
August	\$60.40	\$35.40	\$10.40
September	\$58.32	\$33.32	\$8.32
			*
October/*October	\$56.24	\$31.24	\$75.00
			*
November/*November	\$54.16	\$29.16	\$75.00
			*
December/*December	\$52.08	\$27.08	\$75.00
*Start renewing & issuing new 3-year licenses			

License Fees For 2014-2016 license cycle			
Electrical Contractor - Residential Electrical Contractor - Master Class A or B or Residential Master	2014	2015	2016
January	\$375.00	\$250.00	\$125.00
February	\$364.51	\$239.51	\$114.51
March	\$354.10	\$229.10	\$104.10
April	\$343.69	\$218.69	\$93.69
May	\$333.28	\$208.28	\$83.28
June	\$322.87	\$197.87	\$72.87
July	\$312.46	\$187.46	\$62.46
August	\$302.05	\$177.05	\$52.05
September	\$291.64	\$166.64	\$41.64
October/*October	\$281.23	\$156.23	* \$375.00
November/*November	\$270.82	\$145.82	* \$375.00
December/*December	\$260.41	\$135.41	* \$375.00
*Start renewing & issuing new 3-year licenses			