



**AFFIDAVIT OF WORK HOURS TO BE REQUIRED FOR SPONSORSHIP OF  
RESIDENTIAL ELECTRICIAN EXAM  
(1 YEAR POST SECONDARY ELECTRICAL PROGRAM)**

I, \_\_\_\_\_ of \_\_\_\_\_,  
*(Print Name of Licensee)* *(Full address, Including City, State, Zip)*

currently hold a Unclassified Person license issued by the Board; have completed 4,000 hours of work on residential electrical installations while licensed by the Board and my hours can be verified by a master electrician licensed by the Board. The 4,000 hours of work included the following minimum number of hours in the categories indicated: 300 hours of preliminary work, 1,200 hours of rough-in work, 750 hours of finish work, 500 hours of trouble shooting and service work, 200 hours of special systems, and 200 hours of motor installation and control work.

*I attest that the above information is true and accurate to the best of my knowledge. I realize that submitting false or misleading information to the Electrical Examining Board could be grounds for suspension or revocation of my electrician license per Iowa Code § 103.35.*

\_\_\_\_\_  
*Signature of Licensee*

\_\_\_\_\_  
*Current License #*

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

*I hereby verify that the licensee named above has completed the required work hours listed above, as required to sit for the Residential Exam. I realize that submitting false or misleading information to the Electrical Examining Board could be grounds for suspension or revocation of my electrician license per Iowa Code § 103.35.*

\_\_\_\_\_  
*Signature of Iowa Master Electrician*

\_\_\_\_\_  
*Current License #*

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