

Kim Reynolds

Governor

Adam Gregg

Lt. Governor



Department of Public Safety

Stephan K. Bayens

Commissioner

**AFFIDAVIT OF WORK HOURS NEEDED TO REQUEST SPONSORSHIP
FOR THE JOURNEYMAN EXAM
(16,000 HOURS OF SUPERVISED ON-THE-JOB TRAINING)**

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

currently hold an Unclassified Person license or Special Electrician License with the Residential Endorsement issued by the Board and:

- Have completed 54 hours of continuing education approved by the Board
- Have completed 16,000 hours of electrical work, of which at least 4,000 hours was completed within the 5 years prior to the date of submission of the application, while I was licensed by the Board
- My 16,000 hours of electrical work includes the following minimum number of hours of work on commercial or industrial installations in the categories indicated: 500 hours preliminary work, 2,000 hours rough-in work, 2,000 hours finish work, 2,000 hours lighting and service work, 500 hours troubleshooting, and 500 hours motor-control work
- A master electrician licensed by the Board can verify my hours of electrical work

EXCEPTION: On or before December 31, 2019, a maximum of 10,000 of the required 16,000 hours of verified work experience may have been completed between January 1, 2000, and December 31, 2007, without licensure from the Board and with or without licensure from any political subdivision.

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
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I hereby verify that the licensee named above has completed the required hours of electrical work, in the categories listed above, as required to sit for the Journeyman 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
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ELECTRICAL EXAMINING BOARD • 215 EAST 7TH STREET • DES MOINES, IOWA 50319 • Phone (515) 725-6147 • Fax (515) 725-6151

<http://iowaelectrical.gov>

Integrity, Fairness, Respect, Honesty, Courage, Compassion, Service

2/20/19

