

Department of Public Safety

Stephan K. Bayens Commissioner

RESIDENTIAL ELECTRICIAN POST SECONDARY ELECTRICAL PROGRAM (PSEP) **CERTIFICATION STATEMENT**

	Of (Institutions' Name)	(Institution's City, State, Zip)
		mining Board to host a State of Iowa approved PSEP
and accurate Board could	e to the best of my knowledge. I realize submitti be grounds for suspension or revocation of	lectrical Board's policy and attest that the above information is true ing false or misleading information to the Electrical Examining's
Post-Second	dary Electrical Program.	(Institution's Name)
set forth by t		al Examining Board represents our PSEP and meets the requirement at I will notify the Board IMMEDIATELY if the approved or any of the
(Sig	nature of Institution's Dean)	
	State of	
	County of	
	Signed and sworn to (or affirmed) be	fore me on
	, , ,	Date
	By	
	Name(s) of Person(s)	 Seal

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