



## License by Verification Form for the State of Iowa – Electrical Examining Board

**\*All items below must be completed by transferring jurisdiction and sent directly back to the Iowa Electrical Examining Board from the transferring jurisdiction.**

Name of jurisdiction completing the information below: \_\_\_\_\_

Complete mailing address of jurisdiction completing this form: \_\_\_\_\_  
\_\_\_\_\_

Contact phone number of jurisdiction completing this form: \_\_\_\_\_

Legal name of electrician licensed, certified by your jurisdiction: \_\_\_\_\_

Licensee date of birth: \_\_\_\_\_

Address of licensee while licensed by your jurisdiction: \_\_\_\_\_  
\_\_\_\_\_

New address of licensee above: \_\_\_\_\_  
\_\_\_\_\_

Type of license issued: \_\_\_\_\_

Date license was issued: \_\_\_\_\_

Is the license currently active? (Please check): Yes \_\_\_ No \_\_\_

Amount of time license was/has been active: \_\_\_\_\_

Was the license obtained by exam? (Please check): Yes \_\_\_ No \_\_\_

If yes, qualifications required to sit for exam: \_\_\_\_\_  
\_\_\_\_\_

Scope of work performed in your jurisdiction: \_\_\_\_\_  
\_\_\_\_\_

Is this individual's license in good standing? (Please check): Yes \_\_\_ No \_\_\_

Any disciplinary complaints/action taken against this individual? (Please check) Yes \_\_\_ No \_\_\_

If yes, explain fully: \_\_\_\_\_

Any pending complaints or investigations? (Please check) Yes\_\_\_ No\_\_\_

If yes, explain fully: \_\_\_\_\_

Other action: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, certify that the information above is correct and verify that  
(Printed name of person completing the form)  
\_\_\_\_\_ license, certification, or registration complies with the requirements  
(Printed name of license applicant)  
set forth in Iowa Code section 272C.12. We also agree to furnish the State of Iowa with any disciplinary proceedings, if deemed necessary.

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_ My Commission Expires \_\_\_\_\_

(Notary Public signature)

State of \_\_\_\_\_ County of \_\_\_\_\_

Notary stamp: