



Department of Inspections,
Appeals, & Licensing

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:

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