



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: