LARRY JOHNSON, JR., DIRECTOR

## KIM REYNOLDS, GOVERNOR ADAM GREGG, LT. GOVERNOR

## 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 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? (  If yes, explain fully:		
Other action:		
Icertify  (name of person completing the form)  license,  (name of license applicant)  set forth in Iowa Code section 272C.12. We proceedings, if deems necessary.	certification, or registration comp	lies with the requirements
Sworn and Subscribed before me this	day of My Commission Expires	
Notary Public signature State of C		
Notary stamp:		