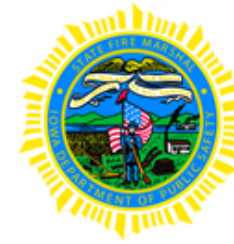




State Fire Marshal Division  
 Electrical Bureau  
 215 East 7<sup>th</sup> Street, 3<sup>rd</sup> Floor  
 Des Moines, Iowa 50319



## Check and Credit Card License Fee Refund Request

**Instructions: Original form must be submitted to the above address to receive refund by check. The Finance Office will only process a request with an original signature and social security number of whom the check is being issued to.**

Applicant's Name and License Number (EL-XXXX)	Printed Name of Person Making Refund Request:
Phone Number:	Signature of Person Making Refund Request: <b><u>Required</u></b>
Address:	Credit Card Confirmation ID: <b><u>Required if paid with credit card</u></b>  Date of purchase:
City, State Zip:	Check Number: _____ Date of Check: _____
Social Security Number: <b><u>Required</u></b>	Reason for Refund Request: ___ Overpaid fee ___ Other (If this is marked, you must explain under additional information at the bottom of the page.)
<b><u>State Official Authorizing Refund &amp; Date: (official use only)</u></b>	Date Processed    Initials of Processor    Date to Finance

Additional Information: