



APPLICATION FOR ELECTRICIAN'S LICENSE
IOWA ELECTRICAL EXAMINING BOARD

SUBMIT TO:
STATE FIRE MARSHAL DIVISION
ELECTRICAL BUREAU
215 EAST 7TH STREET
DES MOINES, IA 50319

VERIFICATION OF WORK - CLASS B MASTER ELECTRICIAN
AFFIDAVIT OF WORK EXPERIENCE

I hereby state that I was practicing as a master electrician on or before January 1, 1998, and for at least sixteen thousand hours, of which at least eight thousand hours shall have been accumulated since January 1, 1998. [1 full year of work = 2,000 hours]

I understand that this affidavit is to be filed with the Electrical Examining Board in conjunction with an application for a Class B master electrician license. I further understand that a Class B master electrician license is subject to the restrictions set forth by the Electrical Examining Board and the rules and regulations of local political subdivisions.

All statements contained herein are true and correct to the best of my knowledge. I understand that false or incorrect information provided by me in this affidavit or in my application for licensure may result in the denial of a license application or cancellation of a license, and may also subject me to civil and criminal proceedings. I understand that I may be required to provide additional information in support of this affidavit, and agree that all information in this affidavit and in my application may be verified and investigated.

I am familiar with IOWA CODE 103 and Administrative Rules Chapters 661-500 through 559 and hereby agree to abide by their provisions.

I attest that I have met the experience requirement for a Class B master electrician's license; specifically, beginning on or before January 01, 1998, I was practicing as a master electrician, and have accumulated at least 16,000 hours of electrical work experience, comparable to the work allowed by the license for which I am applying, of which at least eight thousand hours shall have been accumulated since January 1, 1998.

Print Name of Person Signing Affidavit

Signature of Person Signing Affidavit

Name of Business

Date

Sworn and Subscribed before me this _____ day of _____, 20 _____

Notary Public signature My Commission Expires _____

State of _____ County of _____

NOTARY STAMP