



Department Of Fire Prevention & Electrical Safety

MATTHEW H. MEAD
GOVERNOR

LANNY APPLGATE
STATE FIRE MARSHAL

APPLICATION FOR **ELECTRICAL APPRENTICE** REGISTRATION

PLEASE READ THE FOLLOWING REQUIREMENTS

An apprentice electrician shall be required to work four (4) years, a minimum of 8000 hours under the direct supervision of a licensed journeyman or master electrician. Work experience shall meet the general requirements as set forth in W.S. 35-9-126(a). Each apprentice shall be enrolled in related training program as required by W.S. 35-9-127. A person wishing to become an apprentice electrician must be employed in the electrical trade and shall be registered and licensed with the Department of Fire Prevention & Electrical Safety within ten (10) days from date of employment. **Federal Law requires minimum eligible starting age to be not less than 16 years.** Said person shall carry a current registration certificate on his or her person at all times and present it upon request to personnel of the Department of Fire Prevention & Electrical Safety for examination. **Each apprentice shall re-register prior to September 1 of each year, furnishing proof of required instruction and work experience performed during the previous years of employment with notarized letters or the enclosed employment verification form from applicant's current employer and a certificate of achievement from the related training program attended by the apprentice.** Experience that has already been documented in our office from **previous** employment or schooling does not need to be proven again. The apprentice must complete at least 2,000 hours of on the job training and successfully complete 144 hours of related training before the apprentice can be advanced to the next level in their apprenticeship. This requirement shall continue each year until the minimum requirements of W.S. 35-9-126 and W.S. 35-9-127 have been fulfilled. Any apprentice failing to renew his or her registration certificate and continues to work as an apprentice will be in violation of Wyoming Statutes and be subject to the penalties as set forth in W.S. 35-9-130. **Time shall not be credited while the apprentice is inactive or not registered, nor shall time be allowed for any year, which is not accompanied by proof of required instruction for that year of apprenticeship.** It shall be the responsibility of the employing contractor and its master of record to insure that the apprentice performs electrical work under the direct supervision of a licensed journeyman or master electrician as required by W.S. 35-9-127 and Wyoming Electrical Board Rules & Regulations Chapter 5, Section 6 (a)(iv).

NOTE: It is the responsibility of the applicant to verify and substantiate all information supplied and to furnish all verifications of employment and schooling. Signed, notarized letters of verification of employment from each employer must be attached to this application before any credit for hours of experience can be given (an employer's verification form is attached). For electrical experience gained in the military to be considered, you must include a copy of your DD-214 with this application. For any related schooling to be considered, you must attach a transcript of your classes and grades or a certificate of completion from the apprenticeship training program with this application. Apprentice registration and renewal costs \$20.

122 W. 25TH STREET • HERSCHLER BLDG - 1 WEST • CHEYENNE, WYOMING 82002
PHONE: (307) 777-7288 • FAX: (307) 777-7119
<http://wyofire.state.wy.us>

**STATE OF WYOMING
DEPARTMENT OF FIRE PREVENTION & ELECTRICAL SAFETY
ELECTRICAL DIVISION**

THIS APPLICATION MUST BE SIGNED AND VERIFIED

APPLICATIONS WILL NOT BE PROCESSED UNLESS COMPLETELY FILLED OUT, SIGNED, NOTARIZED AND ACCOMPANIED BY THE APPROPRIATE FEE OF **\$20.00**. PLEASE MAKE CHECKS, MONEY ORDERS OR CASHIERS CHECK PAYABLE TO THE STATE OF WYOMING AND MAIL THEM WITH THE COMPLETED APPLICATIONS TO:

Department of Fire Prevention & Electrical Safety
Attn. Electrical Safety
122 West 25th Street. Herschler Building, 1 West. Cheyenne, WY 82002
Phone: (307) 777-7288 Fax: (307) 777-7119
Web site: <http://wyofire.state.wy.us>

APPLICATION FOR ELECTRICAL APPRENTICE REGISTRATION

*Classification Applying For: New License: ____ Renewal: ____ Reinstatement: ____ Other: ____
(Lines marked * are **required**)

Personal Information:

* Full Name: _____ License #: _____
First, Middle, Last

* SS#: _____ - _____ - _____ * D.O.B.: _____
MM/DD/YYYY

Address Information:

* Mailing Address: _____

* City: _____ * State: _____ * Zip: _____

Physical Address: _____
(If different from mailing address)

City: _____ State: _____ Zip: _____

Contact Information:

Home Phone #: (_____) - _____ Business #: (_____) - _____

Cell or Daytime #: (_____) - _____ Fax #: (_____) - _____

Email Address: _____

***Employment**

Present Employer: _____ Telephone Number: _____

Mailing Address: _____ City/State/Zip: _____

Dates Employed: From (Month/Day/Year) _____ To (Month/Day/Year) _____

Total Hours From Beginning Hire Date to Present: _____

(Please attach letter from employer or complete the enclosed employment verification form. Letters should include a breakdown of hours per year, from beginning hire date to present. Hours will not be counted unless accompanied by notarized letter or verification forms to verify employment)

For apprentice electricians with prior work experience obtained outside the State of Wyoming, documentation of the total number of hours of all previous on-the-job electrical work experience as well as documentation of previous electrically related classroom instruction will be needed. There fore, please continue below. If you worked in the State of Wyoming and were registered with the Department of Electrical Safety, but were not credited for hours or schooling in the previous years, please continue below.

Previous Employer: _____ Telephone Number: _____

Mailing Address: _____ City/State/Zip: _____

Dates Employed: From (Month/Day/Year) _____ To (Month/Day/Year) _____

Total Hours From Beginning Hire Date to End of Employment: _____

(Please attach letter from employer or complete the enclosed employment verification form. Letters should include a breakdown of hours per year, from beginning hire date to present. Hours will not be counted unless accompanied by notarized letter or verification forms to verify employment)

Apprenticeship Training

Please note: **ALL** apprentices, regardless of status, must be enrolled or intend to be enrolled in a bona-fide apprentice training program before registration or renewal can be completed.

Name of Apprentice Training Program: _____

Date you began/will begin your program: _____ Are classed by correspondence or classroom? _____

Where were/are classes held? _____

Name of instructor or tutor: _____

(Please provide proof of schooling. Schooling will not be credited unless accompanied by school certificate or transcripts)

AFFIDAVIT

I _____ swear upon oath that the following facts are true:

1. I have applied for a Wyoming _____ license. I acknowledge receipt o the Wyoming Electrical Board Rules and Regulations. I have read the materials submitted in my application. I know and understand the contents thereof.

2. The information submitted in my application is true and accurate.

3. I understand the State Chief Electrical Inspector may verify my qualifications as stated in W.S. 35-9-122.

4. As described in W.S.35-9-130, untrue or inaccurate statements in my application may constitute grounds for revocation or forfeiture of my license and/or filing of criminal charges against me and those who assisted me in submitting false information.

* _____
Signature of Applicant Date

=====

~THIS FORM MUST BE SIGNED AND NOTARIZED~
Acknowledgement

The Foregoing Instrument Was Subscribed And Sworn To Me By: _____ (Seal)

This _____ Day Of _____, 20_____.

Witness My Hand And Official Seal: _____
Notary Public

OFFICE USE ONLY

Received By: _____ Date: _____

FEE PAID: \$ _____ () CASH () CHECK/MONEY ORDER NUMBER: _____

Receipt Number: _____ License Number: _____

Apprentice Employment Verification Form

THIS PAGE MAY BE COPIED AS NECESSARY FOR MORE THAN ONE EMPLOYER

This form will serve as verification of hands-on **electrical** experience only and is to be filled out BY THE EMPLOYER

It is not necessary to complete this form if the applicant is not verifying hours worked

Do not leave anything blank, use N/A if non-applicable

Applicant's Full Name: _____

Date's of Employment: _____, 20____ To: _____, 20____
(Month/Day) (Month/Day)

Total hours doing electrical work for this employer for the time period above: _____

Breakdown Per Year:	Year	Hours
	_____	_____
	_____	_____
	_____	_____
	_____	_____

(Please use back of form if necessary)

Type of Work: Residential: _____ Commercial: _____ Industrial: _____
(Hours) (Hours) (Hours)

Worked in what state(s): _____

** If work was performed in a state other than Wyoming, please break down states worked in, and how many of the above stated hours were worked in each different state.

This work was performed under the direct supervision of:

Name of Supervising Journeyman/Master Electrician: _____ License Number: _____

Name of Employer: _____ License Number: _____

Address: _____ City/State/Zip: _____

Signature
(Electrical Supervisor of the Contractors License)

Date

~THIS FORM MUST BE SIGNED AND NOTARIZED~
Acknowledgment

State of: _____ County of: _____

Subscribed and sworn before me by: _____

This _____ Day of _____, 20____ (Seal)

Notary Public My Commission Expires: _____