



# Department Of Fire Prevention & Electrical Safety

**MATTHEW H. MEAD**  
GOVERNOR

**LANNY APPLGATE**  
STATE FIRE MARSHAL

## APPLICATION FOR ELECTRICAL **APPRENTICE TECHNICIAN** REGISTRATION

### PLEASE READ THE FOLLOWING REQUIREMENTS

An apprentice technician electrician shall be required to work two (2) years, a minimum of 4000 hours under the direct supervision of a licensed technician, journeyman or master electrician. Work experience shall meet the general requirements as set forth in W.S. 35-9-126(a). A person wishing to become an apprentice technician 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 technician shall re-register prior to September 1 of each year, furnishing proof of required work experience performed during the previous years with notarized letters or the enclosed employment verification form from employers.** Experience that has already been documented in our office from previous employers or previous schooling does not need to be proven again. The apprentice technician must complete at least 2,000 hours of on the job training before the apprentice can be advanced to the next level in their apprenticeship. Any apprentice technician failing to renew his or her registration certificate and is continuing 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 technician is inactive or not registered.** It shall be the responsibility of the employing contractor and its Technician of Record to insure that the apprentice performs electrical work under the direct supervision of a licensed technician, 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. Signed, notarized letters of verification of employment or the enclosed employment verification form from each employer must be attached to this application before any credit for hours of experience can be given. For electrical experience gained in the military to be considered, you must include a copy of your DD-214 with this application.

**This office is not responsible for keeping records, we strongly suggest that applicants keep copies of all correspondence sent to and from this office for their own files.**

Apprentice registration and renewal fee is: \$20.00



**\*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 technicians 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 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 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 Working For This Employer:** \_\_\_\_\_ **(Please attach a letter from employer or 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 letters or verification forms to verify employment. If this experience has already been documented in our office, a letter is not needed.)**

**\*\*Note: Additional employers or information may be written on the back of this application or on a separate sheet of paper. Please include all information requested and letters or verification forms (enclosed) from all employers if the experience has not already been documented in this office.**

I verify the above information is true and correct to the best of my knowledge and I understand under penalty of perjury, criminal charges may be brought for falsifying information and my license may be revoked. I acknowledge receipt of Wyoming Electrical Board Rules and Regulations.

\* \_\_\_\_\_  
**Signature of Applicant** **Date**

~This Application MUST Be Signed And Notarized~

**\*Acknowledgement**

State of: \_\_\_\_\_ County of: \_\_\_\_\_

The Foregoing Instrument Was Subscribed And Sworn Before Me By: \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Witness My Hand And Official Seal: \_\_\_\_\_ (Seal)  
Notary Public

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**OFFICE USE ONLY**

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ AMOUNT PAID: \_\_\_\_\_

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

RECEIPT NUMBER: \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_

**Low Voltage 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)

Please state the type of work performed below:

\_\_\_\_\_  
\_\_\_\_\_

This work was performed under the direct supervision of:

Name of Supervising Electrician: \_\_\_\_\_ License Number: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ License Number: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

\_\_\_\_\_  
Signature Date  
(Electrical Supervisor of the Contractors License)

~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: \_\_\_\_\_