



Department Of Fire Prevention & Electrical Safety

MATTHEW H. MEAD
GOVERNOR

LANNY APPLGATE
STATE FIRE MARSHAL

REQUIREMENTS FOR APPRENTICE RELATED TRAINING READ ALL INFORMATION ON THIS FORM

Please follow all directions on this information sheet and on the apprentice related training application form. Failure to provide all information requested will result in the denial and return of your application.

As per W.S. 35-9-127, all apprentices shall be enrolled in a related training program... A contractor must have a related training program approved by the Wyoming Electrical Board **BEFORE ANY APPRENTICE ELECTRICIANS CAN BE EMPLOYED.**

Department of Labor, Federal Bureau of Apprenticeship and Training Program (B.A.T.): This is a total apprenticeship program approved by the Department of Labor. If you have a B.A.T. program, you must submit proof of the program with your application.

Established Approved Program: A program developed by an independent training organization and has received prior approval from the Board for their curriculum. A list of established approved programs is attached with this application. All other programs are considered developed in-house and the entire application must be completed.

Correspondence Programs: Correspondence Programs are allowed and are available as Established Approved Programs, but must be administered by a qualified instructor, a licensed journeyman or a licensed master electrician that has been approved by the Board and taught in a classroom setting.

As per W.S. 35-9-125(a), the master of record is responsible to ensure that each apprentice employed by their company is enrolled in an approved related training program and attends class.

The Wyoming Electrical Board shall use the following guidelines before approving any apprentice related training program:

1. The Wyoming Electrical Board shall approve any program that has been accepted and registered with the Department of Labor, Federal Bureau of Apprenticeship and Training.
2. The Wyoming Electrical Board shall review all other apprentice related training programs to the following standards.
 - A. Each contractor shall submit an application to the department with the following information. The department shall provide the application form.

1. The legal name of the company.
 2. Contractor's Wyoming electrical license number.
 3. Contractor's mailing address.
 4. Phone number
 5. Fax number
 6. E-mail address
 7. Name of master of record and license number.
 8. Name of the Apprentice training program intended for use.
 9. The name of the contact person for the apprentice-training program.
 10. The format in which the training program is to be offered. Education institution, in-house or correspondence.
 11. Months of the year, days of the week and location of the classes.
 12. Curriculum for each of years and hours for each subject.
 13. Name of instructor and qualifications
- B. The curriculum must be structured and shall reflect the advancement for each year.
- C. The curriculum shall be related to the electrical construction industry.
- D. The curriculum shall include the following subjects.
1. National Electrical Code—Each year.
 2. Electrical Theory
 3. Electronic Theory
 4. Lighting Systems
 5. Heating and Cooling Systems
 6. Motors and Motor Controls
 7. Generators
 8. Transformers
 9. Panelboards and Switchboards
 10. Overcurrent Devices

IF YOU HAVE ANY QUESTIONS, PLEASE CALL US AT (307) 777-7288

STATE OF WYOMING – ELECTRICAL BOARD
DEPARTMENT OF FIRE PREVENTION AND ELECTRICAL SAFETY
PHONE: 307-777-7288, FAX: 307-777-7119

APPLICATION FOR
ELECTRICAL APPRENTICESHIP TRAINING PROGRAM APPROVAL

Please fill this application out completely. Incomplete applications will not be reviewed.

Name of Contractor: _____
Actual name of your business. Please do not use abbreviations.

Contractor's License #: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ FAX #: _____ E-Mail: _____

Name of Master of Record: _____ License #: _____

1. Name of person responsible for apprentice related training:

2. Is your shop an approved BAT (Bureau of Apprenticeship and Training) shop?
Yes _____ No _____

3. Is the training program to be offered through an educational institution? Yes _____ No _____

If yes, which educational institution?

Mailing Address: _____

City: _____ State: _____ Zip: _____

If your answer was no, please continue with question #4. If your answer was yes, please skip to question #7.

4. If your training program is to be offered in-house, what format is the program to be presented?

Name of Sponsor: _____

5. Instructor(s) name: _____

Instructor(s) credentials:

6. The program offered is:

An Established Approved Program _____ Developed In-house _____

If the program is an Established Approved Program, please continue with question #7.

If the program has been developed in-house please continue with question #8.

7. Name of Approved Apprentice Program: _____

8. List the months of year class will be held: _____

9. List the days of the week class will be held: _____

10. Location of classes: _____

11. How often will examinations be given to assess the progress of the apprentice(s)?

12. What will be utilized as proof of successful completion of each year's training?

If you are using an Established Approved Program or an educational institution, please continue to where the signatures of the master of record and notary are required.

If you are using a developed in-house program, please continue with question #13.

13. Curriculum: You must list each course the apprentice will be taking for each year. Classes must list all four years to be acceptable.

First Year: _____

Second Year: _____

Third Year: _____

Fourth Year: _____

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.

X _____

(MASTER OF RECORD)

X _____

(WYOMING LICENSE NUMBER)

X _____

(DATE)

VERIFICATION

State of: _____

County of: _____

The foregoing instrument was subscribed and sworn before me by

This _____ day of _____, 20__.

Witness my hand and official seal _____

Notary Public

My Commission expires _____

FOR DEPARTMENT USE ONLY

This application for electrical apprenticeship training program approval is:

Approved ____ Not Approved ____

Reason(s) for not approving program:

Additional information requested:

Date: ____/____/____

Signature of Wyoming State Electrical Chief Inspector:

X _____