



Department Of Fire Prevention & Electrical Safety

MATTHEW H. MEAD GOVERNOR

LANNY APPLGATE STATE FIRE MARSHAL

APPLICATION FOR WORK PERMIT EXTENSION

Personal Information: Applicant's Full Name: Work Permit License #: Expiration Date:

Exam Information: Did you take the exam you applied for since you received your WY work permit 45 days ago? Yes No Date of Exam: If you answered No to the previous question what date were or are you scheduled to take the exam you applied for?

Phone # where you can be contacted during business hours 8-5: Phone #: Phone #:

Employment Information: Present Employer: Phone #: IBEW Local Union: Phone #: Employer Address: City/State/Zip:

Where should we mail the work permit once approved? Mailing Address: City: State: Zip:

OFFICE USE ONLY: APPROVED FOR ANOTHER 45 DAY EXTENSION BY: DENIED BY: DATE:

Update: 02/03/2009

E-MAIL THIS FORM TO: kbooke@state.wy.us