



Department Of Fire Prevention & Electrical Safety

MATTHEW H. MEAD
GOVERNOR

LANNY APLEGATE
STATE FIRE MARSHAL

October 1, 2011

Dear Journeyman:

RE: JOURNEYMAN LICENSE RENEWAL

Your license will expire January 1, 2012. To renew, please **complete the enclosed renewal form**, send proof of at least sixteen hours of continuing education, such as a copy of your certificates from classes you attended, and a \$50.00 check or money order made payable to "State of Wyoming" to the following address:

Dept. of Fire Prevention & Electrical Safety
Attn: Journeyman renewal
Herschler Bldg. – 1 West
Cheyenne, WY 82002

According to the new Rules and Regulations, your sixteen hours of continuing education courses must be completed prior to January 1, 2012. Your continuing education must also have approval from the state electrical office. An up-to-date list of approved courses can be accessed from our website at <http://wyofire.state.wy.us>.

Personal checks will be accepted provided the individual or company has not written a non-sufficient fund check to the State of Wyoming in the past. Please include your license number on your check.

If you do not renew by January 1, 2012, the State of Wyoming allows a 45-day grace period with an additional \$50.00 penalty fee, providing you have your sixteen hours of continuing education courses completed prior to January 1, 2012. If you do not renew by the grace period, which is February 15, 2012, you will have to re-test.

If we can be of assistance, please call our office at 307-777-7288.

Sincerely,

Electrical Program Manager

State of Wyoming License Renewal Application

(Lines marked * are **required** lines and cannot be left blank)

This form is **mandatory** for all journeyman, master and technician renewals.

Personal Information:

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

*Last 4 Digits 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 Information:

*Present Employer: _____ Phone #: () - _____

Employer Address: _____ City/State/Zip: _____

I, undersigned, do swear the above statements are true and correct to the best of my knowledge and ability.

Signature of Applicant

Date