



# Department Of Fire Prevention & Electrical Safety

**MATTHEW H. MEAD**  
GOVERNOR

**LANNY APPELATE**  
STATE FIRE MARSHAL

## QUALIFICATIONS & INFORMATION TO TAKE THE WYOMING LIMITED/LOW VOLTAGE ELECTRICIAN EXAM

**PLEASE READ THE QUALIFICATIONS & EXAMINATION INFORMATION BEFORE FILLING OUT THE APPLICATION**

**QUALIFICATIONS:** For an applicant to take the Wyoming limited/low voltage technician exam, the applicant must present evidence 2 years (4,000 hours) of training which must have been obtained through work relating to the category of low voltage or limited technician license being applied for. **(See categories below)** This application must be accompanied by notarized letters from past or present employers indicating the experience and type of work and the number of hours of on-the-job training and or the enclosed employment verification form. For electrical experience gained in the military to be considered, you must include a copy of your DD-214 form with this application.

**LOW VOLTAGE TECHNICIAN** is defined as a person licensed by the Department who has 2 years (4,000 hours) experience in the portion of the electrical wiring industry covered by his/her low voltage license and technical knowledge to install and supervise the installation of electrical equipment associated with the type of low voltage electrical license held in accordance with the National Electrical Code and city, county and state ordinances and regulations.

**Low voltage technician licenses are available in the following categories:**

- LV-G Low voltage work for all categories under 90 volts listed below
- LV-A Low voltage work for alarm systems under 90 volts
- LV-C Low voltage work for communication systems under 90 volts
- LV-S Low voltage work for sound systems under 90 volts
- LV-T Low voltage work for television and satellite systems under 90 volts
- LV-X Low voltage work for control systems under 90 volts

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

**LIMITED TECHNICIAN** is defined as a person licensed by the Department who has 2 years (4,000 hours) experience in the portion of the electrical wiring industry covered by his limited license and technical knowledge to install and supervise the installation of electrical equipment associated with the type of limited electrical license held in accordance with the National Electrical Code and city, county and state ordinances and regulations.

**Limited technician licenses are available in the following categories:**

- LM-E Electrical work for elevator systems limited to electrical work on the load side of the equipment disconnect
- LM-S Electrical work for electric signs limited to electrical work on the load side of the equipment disconnect
- LM-W Electrical work for water well and irrigation systems limited to electrical work on the load side of the equipment disconnect
- LM-L Limited electrical work for maintaining light fixtures
- LM-H Limited electrical work for heating, ventilating and air conditioning systems limited to electrical work on the load side of the equipment disconnect

**Any technician electrician performing electrical work in the State of Wyoming shall be employed at all times by a limited/low voltage electrical contractor who carries a current Wyoming limited/ low voltage electrical contractor's license.**

A copy of the ICC Examination Information Bulletin can be obtained online at [www.iccsafe.org/contractor](http://www.iccsafe.org/contractor) or by contacting ICC directly at 1-888-ICC-SAFE to have a copy sent via U.S. mail.

**NATIONAL ELECTRICAL CODE:** The State of Wyoming adopts the National Electrical Code without modification. The examinations for licenses are based on the current edition of the National Electrical Code.

**The applicant's license and general correspondence will be mailed to the indicated mailing address on the application. If there is any change in your mailing address, phone number or any other relevant personal information, please contact the Cheyenne office as soon as possible.**

**Once an applicant has been approved for examination, the applicant will receive a letter of approval from the Department of Fire Prevention and Electrical Safety. This letter of approval will have a phone # for Pearson Vue, the testing company. It is the applicants' responsibility to contact Pearson Vue for exam information, and paying the exam fees. Once the applicant has paid Pearson Vue the exam fees, he or she may schedule to sit for the exam.**

Once the applicant has passed the examination, the initial license fee will be \$100.00. The technician license is valid for 3 years, renewing on July 1<sup>st</sup> of every 3<sup>rd</sup> year. The renewal fee will be \$50.00. Both of these fees should be made out to "**State of Wyoming**".

Any technician electrician, who fails to pass the examination and obtain the proper license or fails to perform all electrical work while working for a licensed limited/low voltage electrical contractor, will be subject to fines or license suspension as stated in Wyoming Statue 35-9-130.

**LICENSE REFUSAL, SUSPENSION, REVOCATION, AND APPEAL:** The Electrical Board may, at its discretion and for good cause shown, refuse to issue a license to any person, firm, or corporation, or may suspend or revoke an existing license for, but not limited to, the following reasons:

- (a) Continued and/or flagrant violations of the Wyoming Statutes, Rules and Regulations promulgated by the Electrical Board, or the National Electrical Code.
- (b) Aiding or abetting, counseling, encouraging, hiring, commanding, or otherwise procuring another to violate the provisions of the Wyoming Statutes Rules and Regulations as promulgated by the Electrical Board, or the National Electrical Code.

Appeals shall be taken as provided in current Wyoming Statutes and the current Rules and Regulations.

**STATE OF WYOMING-ELECTRICAL BOARD**  
**APPLICATION FOR LIMITED/LOW VOLTAGE TECHNICIAN ELECTRICAL TEST**

**\*This application MUST be signed and verified\***

**APPLICATIONS WILL NOT BE PROCESSED UNLESS COMPLETELY FILLED OUT, SIGNED AND NOTARIZED. THE TEST FEE THROUGH ICC IS \$100.00. AFTER YOU HAVE PASSED THE TEST, PLEASE SEND A COPY OF THE ICC LETTER STATING YOU HAVE PASSED ALONG WITH THE \$100.00 LICENSE FEE.**

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

Applicants must have **notarized** letters from previous employer(s) covering employment or the enclosed employment verification form proving two years (4,000 hours) of electrical experience. These letters, or employment verification form(s) must accompany this application stating dates of employment, and the type of work performed while employed. Once an application has been approved, an approval letter will be mailed directly to you. This letter of approval will explain how to contact the testing company to schedule your examination:

PLEASE CHECK ONLY ONE TYPE OF APPLICATION

- |   |  |
|---|--|
| Low Voltage Technician<br>_____ <b>TLV-G Low Voltage General</b><br>_____ TLV-A Low Voltage Alarms<br>_____ TLV-C Low Voltage Communications<br>_____ TLV-S Low Voltage Sound<br>_____ TLV-T Low Voltage Television<br>_____ TLV-X Low Voltage Controls<br>_____ TLV-LS Lawn Sprinkler System | Limited Technician<br>_____ <b>TLM-E Limited Elevator</b><br>_____ TLM-S Limited Electric Signs<br>_____ TLM-W Limited Well & Irrigation<br>_____ TLM-L Limited Light Fixtures<br>_____ TLM-H Limited Heating, Ventilating<br>& Air Conditioning Systems |
|---|--|

(Lines marked \* are required)

**Personal Information:**

\*Applicant's Full Name: \_\_\_\_\_  
 First, Middle, Last

\*SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      \*D.O.B: \_\_\_\_\_  
 MM/DD/YY

**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: \_\_\_\_\_

**EACH QUESTION MUST BE ANSWERED**

Have you ever held an apprentice, journeyman, master or any other type of Wyoming electrical License? **YES NO**

If "YES" what type of license and if it is no longer active, when did it expire? \_\_\_\_\_

Have you previously applied for a Wyoming State Electrical License? **YES NO** Type: \_\_\_\_\_

Exam or Reciprocal? \_\_\_\_\_ If exam: **PASS FAIL**

Have you ever had a license denied or revoked? \_\_\_\_\_ **IF SO, ATTACH A DETAILED STATEMENT.**

**ELECTRICAL EMPLOYMENT RECORD**

**Please list COMPLETE address of employer and telephone number.**

	<b>DATES EMPLOYED</b>	<b>TYPE OF ELECTRICAL WORK</b>
<b>PREVIOUS AND PRESENT EMPLOYERS</b>	<b>From Mo.\Yr. To Mo.\Yr.</b>	<b>(Residential, Commercial, Industrial)</b>
Name _____ Address _____ City, State Zip Telephone Number _____		
Name _____ Address _____ City, State Zip Telephone Number _____		
Name _____ Address _____ City, State Zip Telephone Number _____		
Name _____ Address _____ City, State Zip Telephone Number _____		

**IF THIS APPLICATION IS APPROVED, AN APPROVAL LETTER WILL BE MAILED DIRECTLY TO YOU. THIS LETTER OF APPROVAL WILL EXPLAIN HOW TO CONTACT THE TESTING COMPANY TO SCHEDULE YOUR EXAMINATION.**

APPLICATION WILL NOT BE PROCESSED UNLESS COMPLETELY FILLED OUT, SIGNED, AND NOTARIZED. THERE ARE FIVE (5) PAGES TO THIS APPLICATION, PLEASE MAKE SURE ALL FIVE ARE INCLUDED. PLEASE MAIL COMPLETED APPLICATIONS TO:

Department of Fire Prevention & Electrical Safety

Attn: Electrical Licensing

Herschler Building, 1 West

Cheyenne, WY 82002

**AFFIDAVIT**

I \_\_\_\_\_ swear upon oath that the following facts are true:

1. I have applied for a Wyoming \_\_\_\_\_ license. I have read the materials submitted in my application. I know and understand the contents thereof. I acknowledge receipt of the Wyoming Electrical Board Rules and Regulations.
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~**

The foregoing instrument was acknowledged before me by: \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(Seal)

Witness my hand and official seal.

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_

**OFFICE USE ONLY**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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**Space Below Reserved For Board**

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Approved for Exam: \_\_\_\_\_ Date: \_\_\_\_\_

Rejected: \_\_\_\_\_ Date: \_\_\_\_\_ Reason: \_\_\_\_\_

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**Test Date**

**Score**

\_\_\_\_\_

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**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: \_\_\_\_\_

