

**STATE OF WYOMING - ELECTRICAL BOARD**  
**APPLICATION FOR MASTER ELECTRICAL TEST**

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

**APPLICATIONS WILL NOT BE PROCESSED UNLESS COMPLETELY FILLED OUT, SIGNED AND NOTARIZED.**

Once an application has been approved, an approval letter will be mailed directly to you.

Test fee of \$100.00 **shall be made payable** to the testing Agency.

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  
Web Site: <http://wyofire.state.wy.us>

**BEFORE FILLING OUT THIS APPLICATION PLEASE REVIEW ELECTRICAL BOARD RULES FOR QUALIFICATIONS  
ADOPTED BY GOVERNOR ON 06/10/2011. [ELECTRICAL BOARD RULES AND REGULATIONS CHAPTER 5, SECTION 4.](#)**

(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: \_\_\_\_\_

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If "YES" what type of license and if it is no longer active, when did it expire?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

	DATES EMPLOYED	TYPE OF ELECTRICAL WORK
<b>PREVIOUS AND PRESENT EMPLOYERS</b>	From Mo.\Yr. To Mo.\Yr.	<u>(Residential, Commercial, Industrial)</u>
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 acknowledge receipt of the Wyoming Electrical Board Rules and Regulations. I have read the materials submitted in my application. I know and understand the contents thereof.
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

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**~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 Number: \_\_\_\_\_

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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**State of Wyoming 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)

Type of Work: Residential: \_\_\_\_\_ Commercial: \_\_\_\_\_ Industrial: \_\_\_\_\_  
(Hours) (Hours) (Hours)

Was the work specified above performed in the State of Wyoming? YES NO

If no, please specify in what states the work above was performed and approximately how much of it was performed in each state below. Please use the back of this form if extra space is needed.

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

**This work was performed under the direct supervision of:**

Name of Supervisor: \_\_\_\_\_ License Number: \_\_\_\_\_

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

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

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

**~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 Page 5 My Commission Expires: \_\_\_\_\_