

THE STATE



OF WYOMING

Department Of Fire Prevention & Electrical Safety

MATTHEW H. MEAD
GOVERNOR

LANNY APPEGATE
STATE FIRE MARSHAL

April 1, 2012

Dear Master:

RE: MASTER LICENSE RENEWAL

Your license will expire **July 1, 2012**. To renew, please **complete the enclosed renewal form**, send proof of at least sixteen hours of continuing education (eight must be code), such as a copy of your certificates from classes you attended, and a \$100.00 check or money order payable to "State of Wyoming" to the following address:

**Department of Fire Prevention & Electrical Safety
Attn: Master Renewal
Herschler Bldg. – 1 West
Cheyenne, WY 82002-0410**

Please make sure your continuing education has approval from the Wyoming Department of Fire Prevention & Electrical Safety 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 July 1, 2012, the State of Wyoming allows a 45-day grace period with an additional \$50.00 penalty fee. Therefore, the cost to renew your license will be \$150.00 and due in our office by **August 15, 2012** along with copies of your continuing education.

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