Kim Reynolds
Governor
Adam Gregg
Lt. Governor

Department of Public Safety

Stephan K. Bayens
Commissioner

PSI Testing Sponsorship

Do not submit this form any earlier than
1 month prior to being ready to sit for the exam.

OFFICE USE ONLY
Approved: YES___ DATE_____
NO___ DATE_____
If No needs:

I am submitting this request for sponsorship from the Iowa Electrical Examining Board for the current Board-approved electrical exam:

Exam you are requesting to be sponsored for: ☐ **English Version** ☐ **Spanish Version**

☐ Apprentice to Journeyman Electrician
☐ Apprentice to Residential Electrician
☐ Journeyman Electrician
☐ Residential Electrician
☐ Master Electrician
☐ Residential Master Electrician

Special Electrician: ☐ Disconnect/Reconnect Existing A/C or Refrigeration Equip. ☐ Irrigation System Wiring

Applicants who fail the examination once shall be allowed to take the examination at the next scheduled time (you are responsible to reschedule the exam with PSI). The Electrical Examining Board requires that, after taking the exam and failing it twice, the applicant must complete 12 hours of Board-approved Continuing Education over the National Electrical Code (NEC) in order to further his or her knowledge, and must let 6 months pass from last exam date before requesting sponsorship to re-take the exam. After the criteria above have been met, re-submit a new sponsorship form with copies of your CEU certificates.

Apprentice scores will be held until United States Department of Labor Certificate of Completion has been submitted with appropriate license fee.

I acknowledge by requesting sponsorship for this exam that I have read the instructions and meet the requirements for sponsorship for the exam I have requested. This form can be emailed to elecinfo@dps.state.ia.us, faxed to 515-725-6151 or mailed to address at bottom of form.

Name listed below must match Driver's License and all fields must be completed.

Name_____
(PRINT) FIRST NAME M. I. LAST NAME

Address_____
STREET CITY STATE ZIP CODE

_____ _____ _____
SOCIAL SECURITY NUMBER PHONE NUMBER DATE OF BIRTH

EMAIL ADDRESS_____

I have worked in Iowa, partially or completely, for the following years: (Check all that apply)

2014__	2017__	2020__	2023__
2015__	2018__	2021__	2024__
2016__	2019__	2022__	2025__

I have been licensed with Iowa for the following years: (Check all that apply)

2014__	2017__	2020__	2023__
2015__	2018__	2021__	2024__
2016__	2019__	2022__	2025__

_____ _____
Applicant Signature Today's Date