

# Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 78780  
Milwaukee, WI 53293-0780  
FAX #: (608) 267-0592  
Phone #: (608) 266-2112

Office Location: 1400 E. Washington Avenue  
Madison, WI 53703  
E-Mail: [DSPSCredTrades@wisconsin.gov](mailto:DSPSCredTrades@wisconsin.gov)  
Website: <http://dsps.wi.gov>

## DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING

### IOWA VERIFICATION OF EXAMINATION AND REGISTRATION

**APPLICANT: Complete top portion of this form and forward to the Iowa Electrical Examining Board.** Proper completion of this form (Form#3177) is required for processing of the application. Any alteration made to the form will void the form. Failure to submit proper documentation will delay processing of your credential application. Form letters from other jurisdictions are acceptable.

<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Former / Maiden Name(s)</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Address</b> (street, city, state, zip)			
<input type="text"/>			
Original State of Licensure:	<input type="text"/>	Credential Number:	<input type="text"/>
	<input type="text"/>	Date of Birth:	<input type="text"/>

**IOWA ELECTRICAL EXAMINING BOARD: Complete Section below and return directly to DSPS:** You may fax/email to: (608) 267-0592 or [DSPSCredTrades@wisconsin.gov](mailto:DSPSCredTrades@wisconsin.gov).

The above named individual is credentialed in Iowa as:

Journeyman Class A Electrician       Master Class A Electrician       Other:

License #       Date Granted:  /  /       Expiration Date:  /  /

The individual took the following examination in this state.

Exam Date	Exam Score	Sponsor of Exam
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Was any formal disciplinary action ever taken against the above named individual?

Yes     No    If yes, please attach additional sheet with details.

Is there any disciplinary action pending against the above named individual?

Yes     No    If yes, please attach additional sheet with details.

Form completed by:

Title

Date