

Mail Application and Fees To:
 Department of Labor and Industries
 Electrical Licensing and Certification
 PO Box 44460
 Olympia WA 98504-4460
www.Lni.wa.gov/Electrical



Application/Renewal for an Electrical Training Certificate

- Original (first time) application fee is \$42.30 (GL 1350)
- Renewal or update fee is \$51.20 (GL 1335)
- Renewal fee if received late is \$71.80 (GL 1355)

Name (Last, First, Middle Initial)			Date of Birth
Mailing Address			Social Security Number
City	State	Zip Code	Daytime Phone (Include Area Code)
Email Address			

To avoid delays in the processing of your application, please ensure that you have included or considered all of the items on the list below:

- Date and sign in the Applicant's Signature block below.
- Include the appropriate fee with the application. Make checks payable to **Department of Labor & Industries**.
 - **Initial application fee** = \$42.30
 - **Renewal or update fee** = \$51.20
 - **Late fee** = \$71.80

You will pay a reduced fee if you apply or renew online at www.Lni.wa.gov/Electrical.

- **New requirement:** Effective July 1, 2013, all trainees must have 48 hours of Electrical Basic Classroom instruction to renew their certificate. When renewing, if you do not have the required classroom instruction, your certificate will be placed into inactive status on your current expiration date. Courses are not credited until recorded electronically by the course provider to the Department.
- **Affidavits of Experience:** To be accepted, all Washington State experience must have been legally obtained under the requirement of [RCW 19.28](#). Affidavits of Experience must be signed by an authorized Electrical Contractor's Representative or your Training Director if you're enrolled in an apprenticeship program. **Both the applicant (trainee) and the authorized representative must sign the affidavit in front of a notary public.**
- **Out of state verification** must state the total number of hours worked in each category and the time frame employed. See [WAC 296-46B-945](#) (7-10).
- No self-verification of electrical training experience is permitted or accepted.
- Washington hours will not be credited if you didn't have a current Electrical Training Certificate when the work was done.
- Military hours worked or training received may be credited and will be evaluated on a case-by-case basis. You will need to submit documentation to verify your experience such as discharge papers, content outlines for training, etc. Contact the department at 360-902-5269 for additional information.

This form can also be used for a one-time non-renewable unsupervised card. The fee is \$25.40. Please see RCW [19.28.161](#) (4) (b) and [WAC 296-46B-942](#) (16) for more information.

Write your electrical training certificate number here if you're applying for this card: _____

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Date _____ Applicant's Signature _____

L&I Use Only

<input type="checkbox"/> New	<input type="checkbox"/> Renew	<input type="checkbox"/> Lapse	Effective Date:	Expiration Date:
Current Certificate Number:			Initials:	



Affidavit of Experience for 75% Supervision Specialties

(Time frame cannot exceed 24 months per affidavit)

Update Fee of \$51.20 required if not submitted with renewal

Please read this information before completing the affidavit form below.

- There can be no errors, whiteouts, alterations, or additions on this form. You must submit the original. Print clearly.
- The department cannot credit hours worked during any times that the electrical training certificate or electrical contractor license were not active. Don't report any such hours on the affidavit. Each time frame requires a separate affidavit.
- An affidavit needs to be filled out for each continuous time frame of hours worked. If the trainee stops doing electrical work for any period of time, that time frame ends and a new one begins. Each time frame requires a separate affidavit.
- See WAC 296-46B-920 about scope-of-work for electrical specialties. All training hours must be separated and submitted in the proper category.
- Work in the (01) category requires supervision by a (01) journey level or specialty electrician in a ratio of 1 electrician to 1 trainees.
- Work in the specialty categories requires supervision by a journey level or specialty electrician in a ratio of 1 electrician to 2 trainees.
- If the experience is from out of state, you must provide verification of your experience as defined in WAC 296-45B-945(7-10).
- Electrical training hours gained in specialties requiring less than 4,000 (2 years) for certification may not be credited toward qualification for journey level electrician. See WAC 296-46B Table 945-1 for detail.

I _____ **affirm and certify that**
Print Name of Administrator/Master Electrician, Authorized Electrical Contractor's Representative or Approved Training Director

_____ **has worked in Washington as an employee of**
Print Name of Trainee *Training Certificate or Social Security No.*

_____ **performing electrical installations inspected**
Print Name of Company or Training Program *UBI or License No*

under RCW 19.28 continuously from _____ **to** _____ **With a minimum of 75% direct**
Month Day Year *Month Day Year*

supervision under a Washington certified journey level, master or specialty electrician, in the category and number of hours below.

Hours	Category	Hours	Category
_____	(01) General Commercial/New Industrial	_____	(06) Limited Energy System
_____	(02) Residential	_____	(06A) HVAC/refrigeration Limited Energy
_____	(03) Pump and Irrigation	_____	(07) Nonresidential Maintenance
_____	(04) Signs		

Signature – sign in the presence of notary.

I hereby certify that the information on this affidavit is true and accurate. I acknowledge that the department may issue citations for false statements or material misrepresentation, per RCW 19.28 & WAC 296-46B.

Date _____ **Signature of Administrator/Master Electrician, Authorized Electrical Contractor's or Approved Training Director**

Subscribed and sworn to before me this date
Notary public signature
For the state of
Residing at
Title
My commission expires

Notary Seal or Stamp

I hereby certify that the information on this affidavit is true and accurate and request that these hours be credited to my electrical training file. I acknowledge that the department may deny this affidavit, issue citation, and subtract up to 2000 hours from my total hours of experience, if I make a false statement or misrepresent the hours on this affidavit, per RCW 19.28 & WAC 296-46B.

Date _____ **Signature of Applicant**

Subscribed and sworn to before me this date
Notary public signature
For the state of
Residing at
Title
My commission expires

Notary Seal or Stamp

L&I Use Only

Approved Yes No _____ Lapse _____ - _____
Reason Code From To A/C Initials Date



Affidavit of Experience for 100% Supervision Specialties

(Time frame cannot exceed 24 months per affidavit)

Update Fee of \$51.20 required if not submitted with renewal

Please read this information before completing the affidavit form below.

- There can be no errors, whiteouts, alterations, or additions on this form. You must submit the original. Print clearly.
- The department cannot credit hours worked during any times that the electrical training certificate or electrical contractor license were not active. Don't report any such hours on the affidavit. Each time frame requires a separate affidavit.
- An affidavit needs to be filled out for each continuous time frame of hours worked. If the trainee stops doing electrical work for any period of time, that time frame ends and a new one begins. Each time frame requires a separate affidavit.
- See WAC 296-46B-920 about scope-of-work for electrical specialties. All training hours must be separated and submitted in the proper category.
- Work in the specialty categories requires supervision by a journey level or specialty electrician in a ratio of 1 electrician to 2 trainees.
- If the experience is from out of state, you must provide verification of your experience as defined in WAC 296-45B-945(7-10).
- Electrical training hours gained in specialties requiring less than 4,000 (2 years) for certification may not be credited toward qualification for journey level electrician. See WAC 296-46B Table 945-1 for detail.

I _____ **affirm and certify that**
Print Name of Administrator/Master Electrician, Authorized Electrical Contractor's Representative or Approved Training Director

_____ **has worked in Washington as an employee of**
Print Name of Trainee *Training Certificate or Social Security No.*

_____ **performing electrical installations inspected**
Print Name of Company or Training Program *UBI or License No*

under RCW 19.28 continuously from _____ **to** _____ **With 100% direct supervision**
Month Day Year *Month Day Year*

under a Washington certified journey level, master or specialty electrician, in the category and number of hours below.

Hours	Category	Hours	Category
_____	(03A) Domestic Well	_____	(07C) Restricted Non-Residential Maintenance
_____	(6B) HVAC/Refrigeration – Restricted	_____	(07D) Appliance Repair
_____	(07A) Non-residential Lighting Maintenance	_____	(07E) Equipment Repair
_____	(07B) Residential Maintenance	_____	(10) Door, Gate, and Similar Systems

Signature – sign in the presence of notary.

I hereby certify that the information on this affidavit is true and accurate. I acknowledge that the department may issue citations for false statements or material misrepresentation, per RCW 19.28 & WAC 296-46B.

Date _____ **Signature of Administrator/Master Electrician, Authorized Electrical Contractor's or Approved Training Director**

Subscribed and sworn to before me this date
Notary public signature
For the state of
Residing at
Title
My commission expires

Notary Seal or Stamp

I hereby certify that the information on this affidavit is true and accurate and request that these hours be credited to my electrical training file. I acknowledge that the department may deny this affidavit, issue citation, and subtract up to 2000 hours from my total hours of experience, if I make a false statement or misrepresent the hours on this affidavit, per RCW 19.28 & WAC 296-46B.

Date _____ **Signature of Applicant**

Subscribed and sworn to before me this date
Notary public signature
For the state of
Residing at
Title
My commission expires

Notary Seal or Stamp

L&I Use Only

Approved Yes No _____ Lapse _____ - _____
Reason Code From To A/C Initials Date