

HB 2253 Open Window Opportunity Affidavit of Hours of Unsupervised

Telecommunications Installation Experience

Mail To: Department of Labor and Industries Electrical Licensing & Certification PO Box 44460 Olympia, WA 98504-4460

Can I use this form? *Complete the checklist to determine your eligibility to use this form						
I am submitting this affidavit form July 1, 2015.	cessing fee of \$5	1.20 prior to	🗌 Yes	🗌 No		
I possess an electrical trainee certificate.					🗌 Yes	□ No
(Required to apply, but previous experience obtained without a trainee certificate is elig The unsupervised hours of telecommunication work experience I am submitting for credit t the 06 limited energy exam were gained while employed by a 01 General or 06 Specialty E Contractor.						
All hours I am submitting were worked within Washington State.					🗌 Yes	🗌 No
I have not previously received credit toward examination for the hours claimed.					🗌 Yes	🗌 No
 For experience worked within the previous 6 years, I have had my employer/previous employer named below complete the Employer Section below. OR I used the form found at www.esd.wa.gov/newsandinformation/formsandpubs/own-record-request.docx to obtain records of my hours and earnings while working for the employer I named below. I am submitting those records with this affidavit form. 					🗌 Yes	🗌 No
If you answered <u>NO</u> to any of the statements above, <u>STOP</u> – You cannot use this form! Contact us at 360-902-5269 if you have questions.						
*Required Fields EMPLOYEE SECTION						
*Today's Date:			*Your legal name:			
*Name of one employer:			*Your electrical trainee certificate number :			
*Hours of unsupervised telecommunications installation experience #						
*Required Fields EMPLOYER SECTION						
*Employer UBI Number:	*Employee SSN:		*Start Date:		*End Date:	
*Employee Name:						
*Hours of unsupervised telecommunications installation experience worked by employee:						
I hereby certify that the statements in the employer section of the affidavit are true and accurate. I further state that I have read and understand the scope of work in WAC 296-46B-920 for the 09 specialty and this employee did perform those duties. (See chapter 19.28 RCW and chapter 296-46B WAC for penalties for false statements or material misrepresentations.)						
*Date: *Signature of Employer's Authorized Representative *Print Your Name						
*NOTARY SEAL			Subscribed and sworn to before me on *DATE: Notary Public in and for the State of:		My commission expires on- Date: Residing at:	
Yes □ Approved? No □	Reason # HRS Code Submitte		# HRS Denied Approved	50% of Approved H Credited as		Date