MAIL APPLICATION AND FEE TO:

Department of Labor and Industries Electrical Licensing and Certification PO Box 44460 Olympia WA 98504-4460 www.Lni.wa.gov



Application/Renewal for an Electrical Training Certificate

| ☐ Origina | l (first tim | e) ap | plication fee | is: \$42.30 - (GL 13 | 50) | | | | | |
|---|---------------|---------------|----------------------------------|---|---|---|--|--|--|--|
| Renewa | al or updat | e fee | is: \$51.20 - | (GL 1355) Ren | ewal Fee if received | late: \$71.80 – (GL 1355) | | | | |
| Name (Last, | First, Middle | Initial) | Date of Birth | | | | | | | |
| Mailing Add | dress | | | | | Social Security Number | | | | |
| City | | | | State | Zip Code | Daytime Phone (Include Area Code) | | | | |
| Email Addre | ess | | | | | | | | | |
| | | | | | | included or considered all of the items on | | | | |
| _ | | - | | re required for process gnature block below. | sing) | | | | | |
| | • | | • • | | for a first initial appli | faction is \$42.20 renoval or undata is \$51.20 | | | | |
| and | l late fee is | \$71.8 | 30. Make chec | ks payable to: Depart | ment of Labor and In | | | | | |
| the ina | ir certificat | e. Wh | nen renewing, | if you do not have the | Department of Labor and Industries. ew online at http://www.lni.wa.gov/TradesLicensing/Electrical/ . tinees must have 48 hours of Electrical Basic Classroom instruction to renew the required classroom instruction, your certificate will be placed into Courses are not credited until recorded electronically by the course provider dashington State experience must have been legally obtained under the rience must be signed by: an authorized Electrical Contractor's are enrolled in an apprenticeship program. | | | | | |
| • Affidavits of Experience: To be accepted, all Washington State experience must have been legally obtained under the requirements of RCW 19.28. Affidavits of Experience must be signed by: an authorized Electrical Contractor's Representative or your Training Director if you are 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 (5-8). For states that do not have an electrical licensing program you must submit a copy of the electrical contractor license, payroll documentation and notarized letter of experience. For states with an electrical licensing program you must submit certified documentation of training experience from the state on their letterhead. | | | | | | | | | | |
| N T | - | | | | 0 1 | the state on their letternead. | | | | |
| | | | | training experience is p | - | | | | | |
| | | | | • | | 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. | | | | | | | | | | |
| and WAC 2 | 96-46B-96 | <u>5</u> (15) | for more info | rmation. | | \$ \$25.40. Please see <u>RCW 19.28.161</u> (4) (b) | | | | |
| Write your electrical training certificate # here if you are applying for this card: | | | | | | | | | | |
| I declare un Date | ider penalt | | perjury under licant's Signat | | of Washington that | the forgoing is true and correct: | | | | |
| L&I Use Only | | | | | | | | | | |
| New 🗌 | Renew 🗌 | | Lapse | Effective Date | | Expiration Date | | | | |

Initials

Current Certificate #

Department of Labor and Industries

Electrical Licensing and Certification PO Box 44460 Olympia WA 98504-4460 www.Lni.wa.gov



Affidavit of Experience

(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 and 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. Do not 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 electrician in a ratio of 1 electrician to 1 trainee.
- 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 296-46B-945 (5-8).
- Electrical training hours gained in specialties requiring less than 4,000 hours (2 years) for certification may not be credited toward qualification for journey level electrician. See WAC 296-46B Table 945-1 for details.

| I | y level electri | ciali. See WA | .C 270-40D 1 | aute 743 | -1 101 ucu | 1115. | | | | | affirm and certify that | |
|-----------------------------|-----------------|--------------------------------|---------------------------------|---------------------|--|---------------------------------------|---------------------------------|----------|---|----------|--|--|
| PRINT Na | me of Administr | rator/Master E | lectrician, Auth | orized El | ectrical Co | ntractor' | s Represent | ative or | | | ~ | |
| | DDINT Nama | of Tunings | | Tuaini | na Contifia | ata on Co | aial Casumit | , Ma | has wor | rked ii | n Washington as an employee of | |
| PRINT Name of Trainee Train | | | | | ing Certificate or Social Security No. | | | | performing electrical installations inspected | | | |
| | PRINT Name of | f Company or T | raining Progra | ат | | UBI or | License Nu | mber | periori | ining c | sective in mistanticions inspected | |
| | W 19.28 conti | | to | | | | and that the work was performed | | | | | |
| | | 7 4000/ | Month | Day | Year | | Month | Day | Year | | | |
| | _ | | _ | | ider a Wa | shingto | on certifie | d journ | ey level, | maste | r or specialty electrician, in the | |
| | nd the number | | idicated belo | w. | | | | | Cataoni | | | |
| Hours | Category | | | | Hours | | | | Ö | Category | | |
| | (01) | | Commercial/ | New Ind | lustrial | | | | (07) | | residential Maintenance | |
| | (02) | Residentia | ıl | | | | | | (07A) | Non | residential Lighting Maintenance | |
| | (03) | Pump and | Irrigation | | | | | | (07B) | Resi | dential Maintenance | |
| | (03A) | Domestic | Well | | | | | | (07C) | Rest | ricted Nonresidential Maintenance | |
| | (04) | Signs | | | | | | | (07D) | App | liance Repair | |
| | (06) | Limited E | nergy System | 1 | | | | | (07E) | Equi | ipment Repair | |
| | (06A) | HVAC/re | frigeration Li | mited Er | nergy | | | | (10) | Doo | r, Gate, and Similar Systems | |
| | (06B) | HVAC/re | frigeration - I | Restricted | d | | | | | | | |
| | | | | | | | | | | | acknowledge that the department may | |
| Date | ons for false s | Statements of | : material mi : Administrato | srepres r/Master | entation, <u>j</u> Electricia | n. Autho | W 19.28 & orized Elect | rical Co | 296-46B | Renre | esentative or Approved Training Director | |
| | | ~- g | | -, | | , | | | | | | |
| | | | Signature | must be | e notariz | ed | | | | | | |
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| | | statements of | on this affida | vit are t | rue and a | ccurate | to the be | st of my | y knowle | dge an | d request that these hours be credited | |
| • | _ | • | _ | _ | | • | • | | | | nd subtract up to 2000 hours from my | |
| Date Date | of experienc | e, if I make a Signature of | | ent or n | nisreprese | ent the I | nours on t | his atti | davit, pei | r KCV | V 19.28 & WAC 296-46B. | |
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