

INSTRUCTIONS FOR COMPLETING Application for Electrician Examination

Attached is the state of Washington application for the journey level or specialty electrician's certificate examination. To avoid delays in the processing of your application, please ensure that you have included all of the items on the checklist provided below: *(Applications received without all the information will be denied.)*

- Complete the entire application including the work history portion.
 - Date and sign the application in the **Applicant's Signature** block.
 - Include the \$86.30 fee. Make checks payable to: Department of Labor and Industries
 - Supply original Affidavits of Experience, unless already on file with the department.

NOTES

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- Verification of your experience must be submitted on an **Affidavits of Experience** form and must be **notarized**. The Affidavits of Experience form must be completed by:
 - An authorized representative for the electrical contractor; or
 - Your Training Director if you are enrolled in a formal apprenticeship program. See <u>RCW 19.28 and WAC 296-46B-945</u> for additional information on qualifying for the Washington electrician examination.
- To be accepted, all experience must have been legally obtained under the requirements of RCW 19.28, or as required in the state where the electrical work was performed, see WAC 296-46B-945.
- No self-verification of electrical training experience will be accepted.
- Washington hours will not be credited if you did not have a current electrical training certificate. RCW 19.28.161 (2) is very clear that you must have an electrical training certificate to learn the electrical trade.
- All General Journey level applicants must have 8,000 hours of experience with at least 4,000 of that being in new commercial/industrial installation.
- All Residential, Pump & Irrigation, Sign, Limited Energy, HVAC/Refrigeration, and Nonresidential Maintenance Specialty Electrician applicants must have 4,000 hours of experience in the appropriate specialty.
- All Domestic Well, HVAC/Refrigeration-Restricted, Nonresidential Lighting Maintenance & Retrofit, Residential Maintenance, Restricted Nonresidential Maintenance, Appliance Repair, Equipment Repair and Door Gate & Similar Systems Specialty Electrician applicants must have 2,000 hours of experience in the appropriate specialty. (See <u>WAC 296-46B-945</u> & Table 945-1 for important information.)
- Out of state electricians must provide evidence that they meet the requirements of <u>RCW 19.28.191</u> and provide evidence of that as defined in <u>WAC 296-46B-945</u>. Please contact Electrical Licensing at (360) 902-5269, **before** coming to Washington to get details about what is acceptable evidence of experience. You should send the completed application, fee, and evidence of experience via express mail. Then if approved you should take the exam before coming to Washington. Waiting to do any of the above until you have arrived in Washington may delay your ability to quickly go to work as an electrician.
- You will be notified by mail if your application is approved or denied. If your application is approved the department will mail your approval letter with the contact information for the exam contractor. A separate fee for the electrical examination must be paid directly to the exam contractor. You will be responsible for scheduling your examination with the exam contractor. You can obtain information to study for the examination on the electrical website under Exam Information.
- Allow at least 4 weeks processing time under normal circumstances.
- Once you successfully pass the examination the department will mail your certificate to you within approximately 2 4 weeks.
- You must keep your electrical training certificate current until you pass the examination. If you take and pass a specialty electrician examination, you will also need to maintain your electrical training certificate, if you work outside the scope of that specialty. (Example: You have a residential electrician certificate but you want to work on a commercial job; you must have an electrical training certificate and work under the proper supervision.)



Application for Electrician Examination

ENCLOSE A CHECK OR MONEY ORDER PAYABLE TO: Department of Labor and Industries	FEE: \$86.30
NOTE: A separate fee for administering the examination must be paid directly to the exam contractor.	

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Name (Last, First, Middle Initial)			Date of Birth			
Mailing Address			Social Security Number			
City	State	Zip Code	Daytime Phone (Include Area Code)			
Join the electrical listserv for email updates and notices at <u>www.lni.wa.gov/Main/Listservs/Electrical.asp</u> or by providing your email						
address here:						

I am applying for the Electrician Examination for the certificate type checked below: (see WAC 296-46B-920 for scope of work details)

	(01)	General Journey Level		(07)	Nonresidential Maintenance				
	(02)	Residential		(07A) Nonresidential Lighting Maintenance and Retrofi					
	(03)	Pump and Irrigation		(07B)	Residential Maintenance				
	(03A)	Domestic Well	(07C) Restricted Nonresidential Maintenance						
	(04)	Signs		(07D)	Appliance Repair				
	(06)	Limited Energy System (07E) Equipment Repair							
	(06A)	HVAC/refrigeration Limited Energy System		Door, Gate, and Similar Systems					
	(06B)	HVAC/refrigeration - Restricted							
Have you previously been a certified electrician or trainee with this agency?									
Is this your first application for an electrician exam certificate with this agency?									
Are	Are all of your affidavits of experience already on file with the department?								

Yes, then you do not have to submit additional affidavits of experience.

No, then you must submit additional affidavits of experience.

All applications and documents submitted must be originals and become the property of the department.

Employment History:

Name of Employer	Start Date End Date		
Address	City	State	Zip Code

Position—Job Duties

Name of Employer	Start Date End Da		ite	
Address	City	State	Zip Code	

Position—Job Duties

Annlicant's Signature				
Date Applicant's Signature				
eason Code Cross-ref. with prev. certificate #:	A/C Update hours? Initials Date			
eas	son Code Cross-ref. with prev. 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								affirm and certify that		
PRINT Name	of Administra	tor/Master Electrician, Auth	orized Electrical Co	ontractor'	s Represente	ative or	Approved	Training Director		
							has wo	rked in Washington as an employee of		
PRINT Name of Trainee Training Certifica					cate or Social Security No.					
							perform	ning electrical installations inspected		
	0	Company or Training Progra	am	UBI or License Number						
under RCW 1	19.28 contin	uously from	Dav Year	to	Month	Dav	<u>And that the work was performed</u>			
with 🗌 75	‰or □			ashinata		~		master or specialty electrician, in the		
		of hours indicated belo		asiningto		i journ	cy icvei,	master of specialty electrician, in the		
Hours	Category	of nours multicated belo			Hours		Catego	rv		
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	(01)	(General) Commercial/	new muusunai				(07)			
	(02)	Residential					(07A)	Nonresidential Lighting Maintenance		
	(03)	Pump and Irrigation					(07B)	Residential Maintenance		
	(03A)	Domestic Well					(07C)	Restricted Nonresidential Maintenance		
	(04)	Signs					(07D)	Appliance Repair		
	(06)	Limited Energy System	1				(07E)	Equipment Repair		
	(06A)	HVAC/refrigeration Li	mited Energy				(10)	Door, Gate, and Similar Systems		
	(06B)	HVAC/refrigeration - I	Restricted							
	v					•		dge. I acknowledge that the department may		
Date	s for false st	atements or material mi						s Representative or Approved Training Director		
Date		Signature of Auministrato		in, Autho	i izeu Elect		actor s	s representative of Approved Training Director		
l										

Signature must	notarized				
	SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE	MY COMMISSION EXPIRES ON			
Notary					
Seal	NOTARY PUBLIC IN AND FOR THE STATE OF	RESIDING AT			

Notary Signature

I hereby certify that the statements on this affidavit are true and accurate to the best of my knowledge 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

	Signature must be notarized									
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Notary										
Seal				NOTARY F	NOTARY PUBLIC IN AND FOR THE STATE OF				RESIDING AT	
Notary Signa	ature									
Approved				Lapse		-				
	Yes	No	Reason Code	F	rom	То	A/C	Initi	ials	Date