



Instructions For Completing Application for Pump Installer Combination General Contractor Registration and Electrical Contractor License

Submit all items as a complete package or we will be unable to process your application.

A complete application package includes:

1. This application signed and notarized
2. F625-003-000 Continuous Contractor's Surety Bond
3. Certificate of Insurance and/or Assignment form(s) for Insurance (Originals Only)
4. Unified Business Identifier (UBI #) AND IRS Employer ID No.; Corporation No. If applicable
5. Copy of Secretary of State Application (Required for Corporations, LLC and LLP)
6. F503-009-000 Change Assignment of Administrator/Master Certificate
7. Application fee:

| | | |
|---|--------------------------|-----------------|
| Contractor Registration Portion | 2 years | \$113.40 |
| Electrical Contractor License Portion | 2 years | \$266.20 |
| Administrator/Master Assignment or Transfer | (assignment or transfer) | \$39.90 |
| | Total Due | \$419.50 |

Bond Requirements: \$12,000 General contractor

You must submit an **original** (not a copy) continuous contractor's surety bond (not performance, license or permit bonds) with an effective date and seal of the bonding company.

In lieu of a surety bond you may submit an original ASSIGNMENT OF ACCOUNT form which has been completed by a bank. Washington State banks only.

Insurance Requirements: Minimum Amount (Coverage must be for each occurrence)

\$50,000 Property Damage **\$200,000 Public Liability**

The original Certificate of Insurance or other insurance document must include the following:

| Policy Number | Effective Date | Signature Of Agent |
|-----------------------------------|---------------------|------------------------------------|
| Expiration Date Or Until Canceled | Cancellation Clause | Amount of each Occurrence Coverage |

Important:

All documents (Certificate Of Insurance, Bond/Assignment Of Account, And F500-104-000 The Application For Pump Installer Combination General Contractor Registration And Electrical Contractor License) must be submitted with EXACTLY THE SAME BUSINESS NAME ON ALL DOCUMENTS. There can be no errors, corrections, omissions, additions, alterations or whiteouts on Bond or Insurance Documents.

Form F503-009-000 Change Assignment of Administrator/Master Certificate:

This combined Pump Installer General Contractor Registration/Electrical Contractor License application requires that a certified (03) Pump and Irrigation specialty (03A) Domestic Pump specialty, or (01) General electrical administrator or master electrician be assigned to the business. Only one electrical administrator/master electrician can be assigned to the business at a time. The administrator/master electrician must either be an owner/principle or a supervisory employee who agrees to perform the duties of the administrator/master as detailed in RCW 19.28.061. Form available online at: [Change Assignment of Administrator/Master Certification](#)

Other Registration Numbers Required:

You may apply for a Washington State Business License (Unified Business Identifier (UBI) Master Business License, at any local office of the Department of Labor and Industries, the Department of Revenue, the Employment Security Dept., or the Business License Service in Olympia. You may also apply online for your UBI at: [Master Business License Division](#) or contact DOR at 1-800-451-7985 or online at: Department Of Revenue <http://www.dor.wa.gov/Content/Home/Default.aspx>

Applicants having existing account numbers that are current with L&I Division of Insurance Services, the Department of Revenue and the Employment Security Department **must** use those numbers. IRS Employer Account Number (federal EIN) must be provided. If you are a sole proprietorship and have no employees, you may use your personal social security number. You may also submit a **copy** of the completed IRS application.

Notice:

If any of the owners/officers have ever previously been registered in the State of Washington as a General or Specialty Contractor or licensed / certified in the State of Washington as General or Specialty Electrical Contractor / Administrator / Electrician and have any unsatisfied final judgments that were filed against the previous registration / license / certification, **THIS APPLICATION WILL BE DENIED**. All previous registrations / licenses / certifications, owners, and officers will be verified. Files may be in state archives which may delay verification and registration.

**If You Have Any Questions Please Contact the Tumwater Office:
 Contractor Registration at (360)-902-5226 or Electrical Licensing And Certification at (360) 902-5269.**

MAIL APPLICATION AND FEE TO:
 Department of Labor and Industries
 Contractor Registration
 PO Box 44450
 Olympia, WA 98504-4450
 www.Lni.wa.gov



Application for Pump Installer Combination General Contractor Registration and Electrical Contractor License

| | |
|---------------------------------|-------------------------|
| Contractor Registration | \$113.40 GL 3050 |
| Electrical Contractor License | \$266.20 GL 1450 |
| Administrator/Master Assignment | <u>\$ 39.90 GL 1555</u> |
| MAXIMUM TOTAL DUE | \$419.50 |

| | | | | | | |
|---|--|--|-------------|----------------------------------|--------------|--|
| Business Name (limited to 30 characters) | | | | Phone (include area code) | | |
| Parent Company Name | | | | | | |
| Business Mailing Address | | | City | County | State | |
| Name of Designated Electrical Administrator/Master to be assigned to this business | | | | Certificate Number | | |

Indicate your business structure (check one):

- | | |
|--|--|
| <input type="checkbox"/> Individual Proprietorship | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Liability Corporation (LLC) |
| | <input type="checkbox"/> Limited Liability Partnership (LLP) |

Please check the type of pump installer contractor license/registration you are applying for (check one):

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> CC01/EC03 | Pump and Irrigation Installer General Contractor/Electrical Contractor |
| <input type="checkbox"/> CC01/EC03A | Domestic Pump Installer General Contractor/Electrical Contractor |

The Designated Electrical Administrator must have the appropriate (01), (03) or (03A) certification for the pump installer contractor license/registration checked above.

Do you plan to hire or do you have employees? _____ Yes No

If yes, you must enter your Industrial Insurance Account #: _____

Have any of the principal owners/officers, under any other construction business name been previously or are currently registered in Washington as a contractor? _____ Yes No

- If yes, enter your previous registered business name: _____
- Previous registration #: _____ Date Expired: _____
- Do you want your previous registration continued as a separate business? _____ Yes No
- or listed as inactive? _____ Yes No

Are you currently licensed as an electrical contractor with this agency? _____ Yes No

- If yes, enter your previous license #: _____
- Do you want your previous license placed out of business? _____ Yes No

Do you currently utilize electrical contractor deposit (CD) accounts? _____ Yes No

- If yes, do you want to transfer any remaining funds in the account to the new license? _____ Yes No

Other Registration Numbers Required

| | | |
|--|---|--|
| Unified Business Identifier (UBI) Acct. No. | IRS Employer Identification Number (Federal) | Industrial Insurance Account Number |
| | | |

| |
|---|
| Applicant's Name (Print) |
| Applicant's Fax Number (include area code) |

| |
|------------------------------|
| Applicant's Signature |
| Email address |

Contractor Registration Officers/Members Addendum

The following must be completed by all individuals associated with this registration.

| | | | |
|---|------------------|----------------------------|----------|
| 1. Full Legal Name (First, Middle, Last) <i>Exactly as shown on your driver's license or other government-issued identification.</i> | | | |
| 2. Social Security Number | 3. Date of Birth | 4. Driver's License Number | |
| 5. Residence Address (no PO Box) | City | State | Zip Code |
| 6. Title <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Spouse <input type="checkbox"/> Member <input type="checkbox"/> Officer <input type="checkbox"/> Agent _____ NOTE: Corporation/LLC's are required to submit a copy of SOS application or printout. | | | |

Affidavit of Signature

I certify under penalty of perjury under the laws of the State of Washington that all statements, answers, and representations made in this addendum are true and accurate.

Sign in front of notary

| | | |
|------|-----------|--------------|
| Date | Signature | Printed Name |
|------|-----------|--------------|

Notary Seal

| | |
|---|-----------------------|
| Subscribed and sworn to before me this date | My Commission Expires |
| Notary Public Signature | Residing at |

| | | | |
|---|------------------|----------------------------|----------|
| 1. Full Legal Name (First, Middle, Last) <i>Exactly as shown on your driver's license or other government-issued identification.</i> | | | |
| 2. Social Security Number | 3. Date of Birth | 4. Driver's License Number | |
| 5. Residence Address (no PO Box) | City | State | Zip Code |
| 6. Title <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Spouse <input type="checkbox"/> Member <input type="checkbox"/> Officer <input type="checkbox"/> Agent _____ NOTE: Corporation/LLC's are required to submit a copy of SOS application or printout. | | | |

Affidavit of Signature

I certify under penalty of perjury under the laws of the State of Washington that all statements, answers, and representations made in this addendum are true and accurate.

Sign in Front of Notary

| | | |
|------|-----------|--------------|
| Date | Signature | Printed Name |
|------|-----------|--------------|

Notary Seal

| | |
|---|-----------------------|
| Subscribed and sworn to before me this date | My Commission Expires |
| Notary Public Signature | Residing at |

Note: The information on lines 1 through 6 is required for each owner, member or corporate officer(s). Please make additional copies of this page, if needed.

UBI _____

Officer/Member’s Addendum Instructions for Complete Legal Names and Addresses

Numbers 1-6

You must provide all required information on this application or it will not be processed.

- 1. Legal Name:** This is your complete legal name, exactly as shown on your driver’s license or other government-issued identification.
- 2. Social Security Number:** Federal law requires that you provide your Social Security Number. {(42 USC, Chapter 7, Subchapter IV, Part D, sec. 666(a)(13)}
- 3. Date of Birth:** Each individual named on the registration must provide a date of birth.
- 4. Driver’s License Number:** If you do not have a driver’s license, you may use the ID number on any government-issued photo identification.
- 5. Residence address:** This is the physical location of where you reside.
- 6. Title:** This is the position you hold with the company. Each person listed as an owner, member, partner or corporate officer must complete and have his or her signature individually notarized. Note: If your business structure is a corporation or LLC, you must provide a copy of your application or articles of amendment from the Secretary of State.

* Out of state notary can use separate sheet.

AGENT INFORMATION

Must be listed at the SOS.

A person must furnish the information required (social security number, driver’s license number, address, birth date) and the notarized signature.

A company or an attorney acting as an agent (such as CT Corp Systems) requires the UBI number and address. The signature is not required, nor does it require notarization.

**If you have any questions, please contact the Tumwater office
Contractor Registration at (360)-902-5226
Electrical Licensing and Certification at (360) 902-5269.**

| This section for departmental use only: | | | | | |
|---|------------------------------------|-----|-----------------|------------------------------------|---------------------|
| Contractor CODE | Effective Date | | Expiration Date | Registration/License Number Issued | Processors Initials |
| | mo | day | year | mo | day |
| [] | Cross Reference With | | | Cross Reference With | Date Processed |
| Electrical SPEC CODE | Effective Date | | Expiration Date | Registration/License Number Issued | Processors Initials |
| | mo | day | year | mo | day |
| [] | Administrator/Master Certificate # | | | Cross Reference With | Date Processed |



Change Assignment Of Administrator/Master Electrician Certificate

Assignment/Unassignment Fee: \$39.90
 GL Code 1555

Enclose a check or money order payable to: Department of Labor and Industries

- Only one Administrator/Master Electrician can be identified on this form
- Only one fee is required if unassigning from one company and assigning to another.

1. Designated Administrator/Master Electrician information

| | | | |
|--|-------|----------|--|
| Administrator/Master Electrician's Name (<i>Last name, first name, middle initial</i>) | | | Date |
| Mailing Address | | | Administrator/Master Certificate Number |
| City | State | Zip Code | Daytime Phone (<i>Include area code</i>) |
| Join the electrical listserv for email updates & notices at http://www.lni.wa.gov/Main/Listservs/Electrical.asp or by providing your email address here: | | | |

2. Assigned. Please revise my status as shown below (Use both blocks if necessary)

| | | | | | | |
|---|--------------|--|-------------|---|-------|-----|
| As of: | | | | I will be assigned to: Electrical/Telecommunications Contractor Name (See number 5 below) | | |
| | <i>Month</i> | <i>Day</i> | <i>Year</i> | | | |
| Contractor License Number: | | | | City | State | Zip |
| I agree to perform the duties of the Administrator/Master Electrician as stated in Chapter 19.28 RCW and to notify the department within 10 days of a change in my assignment status as an Administrator/Master Electrician. *Requires Contractor Confirmation Signature below | | | | | | |
| Date | | Administrator/Master's Signature – Must be Notarized | | | | |

3. Unassigned. Please revise my status as shown below (Use both blocks if necessary)

| | | | | | | |
|--|--------------|--|-------------|---|-------|-----|
| As of: | | | | I will be unassigned from: Electrical/Telecommunications Contractor Name | | |
| | <i>Month</i> | <i>Day</i> | <i>Year</i> | | | |
| Contractor License Number: | | | | City | State | Zip |
| I confirm that I am no longer performing the duties of the Administrator/Master Electrician as stated in Chapter 19.28 RCW and am notifying the department within 10 days of a change in my assignment status as an Administrator/Master Electrician. | | | | | | |
| Date | | Administrator/Master's Signature – Must be Notarized | | | | |

4. Notarization

| | | | | | |
|---|--|---|--------------------------|---------------------------------------|-------------|
| NOTARY SEAL REQUIRED _____ NOTARY SIGNATURE REQUIRED | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE</td> <td style="width: 50%;">MY COMMISSION EXPIRES ON</td> </tr> <tr> <td>NOTARY PUBLIC IN AND FOR THE STATE OF</td> <td>RESIDING AT</td> </tr> </table> | SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE | MY COMMISSION EXPIRES ON | NOTARY PUBLIC IN AND FOR THE STATE OF | RESIDING AT |
| SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE | MY COMMISSION EXPIRES ON | | | | |
| NOTARY PUBLIC IN AND FOR THE STATE OF | RESIDING AT | | | | |

5. Assignment Confirmation (Confirmation required when Administrator/Master Electrician is assigning)

| | | |
|---|---------------------------------------|------------------------------------|
| I am the owner, partner, principal, or an officer of the contractor above. I confirm the above applicant is to be assigned as the designated administrator/master electrician for this contractor's license to perform the administrator/master electrician's duties per Chapter 19.28 RCW. (Notary not required for company representative's signature) | | |
| Date | Company Representative's Name (print) | Company Representative's Signature |

Department Use Only

- Assignment
- Separation

Reason Code Separation Date Initials

Slip print here



INSTRUCTIONS FOR COMPLETING
**Change Assignment Of
Administrator/Master Electrician
Certificate**

Who is the designated Administrator or Master Electrician?

An Administrator or Master Electrician is an individual who has passed either an administrator or master electrician examination and holds an active administrator or master electrician certificate and who agrees to perform the duties of the administrator/master as detailed in RCW 19.28.061.

How do I become an Administrator or Master Electrician?

If you want to become an **Administrator**, contact the contracted testing agency, PSI, at 1-800-733-9267, to schedule an exam. Upon passing, the passing reports and certification fee must be submitted.

If you want to become a **Master Electrician**, you must meet the qualifications outlined in RCW 19.21.191 and submit an application to the department for pre-approval to test.

Completing the form: *(Number order refers to numbered sections on form)*

1. **Designated Administrator/Master Electrician information:** Enter the name of the administrator or master electrician certificate holder who will be assigning or unassigning to or from the Electrical/Telecommunications contractor's license.
 - a. **Assignment/Unassignment fee: \$39.90**
 - ***This form may be used to both assign and unassign a single administrator or master electrician to and from an Electrical/Telecommunications contractor at the same time with one fee. (One person per form)***
 - b. If the administrator/master who is assigning has not yet been issued a certificate number, the certificate number section can be left blank.
2. **Assigning - Complete this portion when Assigning to an Electrical/Telecommunications Contractor:** Enter the name, license number, and address of the Electrical/Telecommunications Contractor the administrator/master is to be **assigned** to. The assignment date is typically the date the assignment fee is paid. The administrator/master must sign the form in front of a Notary public who must then sign their name and affix their notary seal.
 - a. If an administrator/master is assigning to a new Electrical/Telecommunications contractor that has not yet been issued a license number, the license number section can be left blank.
 - b. If assigning to an Electrical/Telecommunications contractor, the Assignment Confirmation portion of the form **must** also be signed. ***See number 5 below.***
3. **Unassigning - Complete this portion when Unassigning from an Electrical/Telecommunications Contractor:** Enter the name, license number, and address of the Electrical/Telecommunications Contractor the administrator/master is to be **unassigned** from. The unassignment date is typically the date the unassignment fee is paid. The administrator/master must sign the form in front of a Notary public who must then sign their name and affix their notary seal.
 - a. When unassigning, the Assignment Confirmation portion of the form **does not** need to be signed.
4. **Notarization:** The Notary public must sign their name **and** affix their Notary seal where indicated, and must fill in the other portions of the notary section of the form.
5. **Assignment Confirmation (Required only when the Administrator/Master Electrician is assigning):** An owner, partner, principal, or officer of the Electrical/Telecommunications contractor, on file with the department may sign as the Company Representative for the Electrical/Telecommunications contractor. The company representative must date the form and print and sign their name to confirm the assignment of the Administrator/Master Electrician to the Electrical/Telecommunications contractor's license.