

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

Enclose a check or money order payable to: Department of Labor and Industries — Fee: \$160.60

This is the application form for the Washington State master electrician certification as described in RCW 19.28.191. To be eligible to take the examination for a master journey level electrician certificate you must have held as active Washington state journey level electrician for four (4) years. To be eligible to take the examination for a master specialty electrician certificate you must have held an active Washington state specialty electrician certificate for two (2) years.

To avoid delays in the processing of your application, please ensure that you have included **all** of the items required in the list provided below. Applications received without **all** the requested information will be denied.

- Complete the entire application including your electrician certificate number and the work history portion.
- Date and sign the application in the **Applicant's Signature** block.
- Include the fee of **\$160.60**. Make checks payable to: Department of Labor and Industries.

Notes:

Allow at 4 – 6 weeks processing time under normal circumstances.

All applications and documents become the property of the Department.

You will be notified in writing if your application is approved or denied. The approval letter will contain information regarding the exam and how to schedule. Do not contact the testing agency until you have received a letter stating you are approved.

A separate fee for the exam must be paid directly to the testing agency. You are responsible for scheduling your exam.

You will receive your certificate by mail approximately 4 weeks after you have successfully passed the exam.

Visit our electrical website at www.Lni.wa.gov/Electrical to obtain electrical laws and rules chapter [19.28 RCW](#) and [296-46B WAC](#).

If you provide your email address, you will be added to the Electrical listserv.



Application for Master Electrician Certification Examination

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Applicant Information

Name (Last, First, Middle Initial)			Date of Birth		
Mailing Address			Social Security Number <i>(for ID only)</i>		
City	State	Zip Code	Daytime Phone <i>(include area code)</i>		
Electrician Certificate Number			Email Address <i>(Optional)</i>		

Employment History

Name of Employer		Start Date	End Date	
Address		City	State	Zip Code
Position – Job Duties				

Name of Employer		Start Date	End Date	
Address		City	State	Zip Code
Position – Job Duties				

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

Applicant's Signature

Date

For L&I Use Only

Approved:					
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Reason Code	Cross-Ref with Prev. Certificate #	A/C	Date