



# Application for a 6 Month Unsupervised Electrical Training Certificate

Questions? (360) 902-5269

**You are eligible to apply if True (T) is the answer to all below.**

I have a valid electrical training certificate now (not expired, etc.) and I know that I must always keep it that way by renewing before expiration until I am a certified electrician.	<input type="checkbox"/> T <input type="checkbox"/> F
I am within six months of completing or I have completed: 1. An approved 8000 hour (01) general journey level apprenticeship program, or 2. A two year (01) general journey level electrical training school program at Bates Technical College or Perry Technical Institute.	<input type="checkbox"/> T <input type="checkbox"/> F
I have received credit for at least 7000 hours of experience from the Labor & Industries electrical licensing section.	<input type="checkbox"/> T <input type="checkbox"/> F
At least 3000 of my (01) commercial/industrial hours are a result of on-the-job work experience	<input type="checkbox"/> T <input type="checkbox"/> F
I have never failed a Washington (01) journey level electrician exam.	<input type="checkbox"/> T <input type="checkbox"/> F
I know what I am applying for is not renewable.	<input type="checkbox"/> T <input type="checkbox"/> F
I understand that my application fee is nonrefundable and that a new fee is required to reapply if denied	<input type="checkbox"/> T <input type="checkbox"/> F
I am currently working for a (01) general electrical contractor that employs at least one (01) general journey level electrician. To work without supervision while having a valid 6 month unsupervised electrical training certificate, I know must continue to do so.	<input type="checkbox"/> T <input type="checkbox"/> F

**Applicant Information:**

Company Name of Your Employer		Your Trainee Certificate Number	
Your Last Name	Your First Name	Middle Initial	Date of Birth (MM/DD/YYYY)
Your Mailing Address			Your Email Address
City	State	Zip Code	Daytime Phone (include area code)
Social Security Number	Your Social Security number is required for L&I licenses, certificates, and registrations according to RCW 26.23.150 and 42 USC §666(a)(13).		
I hereby certify that the information on this application is true and accurate.			
<b>X</b> _____ <b>Applicant Signature</b>		_____ <b>Date (MM/DD/YYYY)</b>	

<b>Mail this application and \$27.90 fee to:</b>  Electrical Licensing and Certification PO Box 44460 Olympia WA 98504-4460  For receipt of delivery, send by certified mail.	<b>Make checks payable to:</b>  Department of Labor & Industries  (Allow several weeks for processing)
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**Do not lose credit for your work experience – Report your hours of experience on time!**

To learn how, see information on the Affidavit of Experience for Washington Electrical Trainees form:

[www.Lni.wa.gov/Forms-Publications/F500-149-000.pdf](http://www.Lni.wa.gov/Forms-Publications/F500-149-000.pdf)