

# Application for a 0% Supervision Modified Electrical Training Certificate & Specialty Examination

Electrical Program  
PO Box 44460  
Olympia WA 98504-4460  
[www.Lni.wa.gov/Electrical](http://www.Lni.wa.gov/Electrical)

Attached is the state of Washington's application for a 0% supervision modified electrical training certificate and specialty 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 of 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 \$80.30 fee. Make checks payable to: Department of Labor and Industries.
- Supply original **Affidavit(s) of Experience for Modified Trainee (100% Supervised)**, unless hours are already on file with the Department.

**NOTES:** See [RCW 19.28](#), [WAC 296-46B](#) (Table 945-1), and [WAC 196-45B-945](#) for additional information.

- To be accepted, all experience must have been legally obtained under the requirements of RCW 19.28 and WAC 296-46B.
- 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 testing agency. A separate fee for the exam must be paid directly to the testing agency. You will be responsible for scheduling your exam. You will be given exactly one year from the date on the approval letter to pass the examination. If you don't pass the examination within that one year time frame, this application and your approval to test will be expired. You can obtain study information on the electrical website at [www.Lni.wa.gov/Electrical](http://www.Lni.wa.gov/Electrical) under Licensing, Exams, & Education.
- Once we receive notice from the testing agency that you have successfully completed the exam, the department will mail your non-renewable 0% supervision modified training certificate within approximately 2 – 4 weeks. At that time, you may work under 0% supervision. The 0% supervision modified electrical training certificate will expire 2 years from the date you passed the exam. Before that certificate expires, you must complete the submit the balance of the required hours and apply for the specialty electrician certificate using form [F500-098-000](#).

Specialty	Hours Required to be Eligible for Examination	Hours Required to be Eligible for Certification
(03A) Domestic Well	720	2000
(06B) HVAC Refrigeration – Restricted	1000	2000
(07A) Nonresidential Lighting Maintenance & Retrofit	720	2000
(07B) Residential Maintenance	720	2000
(07C) Restricted Nonresidential Maintenance	1000	2000
(07D) Appliance Repair	720	2000
(07E) Equipment Repair	1000	2000
(10) Door, Gate, & Similar Systems	720	2000

**Note:** Electrical construction training hours gained in specialties requiring less than 2 years for certification cannot be credited towards certification for journey level electrician.



# Affidavit of Experience for 100% Supervision Specialties

*(Time frame cannot exceed 24 months per affidavit)*

Update Fee of \$53.40 required if not submitted with renewal

## **Please read this information before completing the affidavit form.**

- There can be no errors, whiteouts, alternations, or additions on this form. You must submit the original copy. Please print clearly.
- The department cannot credit hours worked during any times that the electrical training certificate or electrical contractor license were not active. Don't 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 begins. Each time frame requires a separate affidavit.
- See [WAC 296-45B-290](#) about scope-of-work for electrical specialties. All training hours must be separated and submitted in the proper category.
- Work in the specialty categories requires supervision by a journey level or specialty electrician in a ratio to 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\(7-10\)](#).
- Electrical training hours gained in specialties requiring less than 4,000 (2 years) for certification may not be credited toward qualification for journey level electrician. See [WAC 296-46B Table 945-1](#) for detail.

# Affidavit of Experience for 100% Supervision Specialties

I, \_\_\_\_\_ affirm and certify that  
*Print name of Administrator/Master Electrician, Authorized Electrical Contractor's Representative or Approved Training Director*

\_\_\_\_\_ has worked in Washington as an employee of  
*Print Name of Trainee*                      *Training Certificate or Social Security Number*

\_\_\_\_\_ performing electrical installations inspected  
*Print Name of Company or Training Program*                      *UBI or License Number*

under RCW 19.28 continuously from \_\_\_\_\_ to \_\_\_\_\_  
*Month Day Year*                      *Month Day Year*

with 100% direct supervision under a Washington certified journey level, master, or specialty electrician, in the category and number of hours below.

Hours	Category	Hours	Category
_____	(03A) Domestic Well	_____	(07C) Restricted Non-Residential Maintenance
_____	(6B) HVAC/Refrigeration – Restricted	_____	(07D) Appliance Repair
_____	(07A) Non-Residential Lighting Maintenance	_____	(07E) Equipment Repair
_____	(07B) Residential Maintenance	_____	(10) Door, Gate, and Similar Systems

**Signature — Sign in the presence of a notary**

I hereby certify that the information on this affidavit is true and accurate. I acknowledge that the department may issue citations for false statements or material misrepresentation per RCW 19.28 and WAC 296-46B.

\_\_\_\_\_  
*Signature of Administrator/Master Electrician, Authorized Electrical Contractor's or Approved Training Director*                      *Date*

Subscribed and sworn to before me this date
Notary public signature
For the state of
Residing at
Title
My commission expires

**Notary Seal or Stamp**

I hereby certify that the information on this affidavit is true and accurate 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 and WAC 296-46B.

\_\_\_\_\_  
*Signature of the Applicant*                      *Date*

Subscribed and sworn to before me this date
Notary public signature
For the state of
Residing at
Title
My commission expires

**Notary Seal or Stamp**

**For L&I Use Only**

<b>Approved:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Reason Code	Lapse From	Lapse To	A/C	Initials	Date
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