

Application for Electrical or Telecommunications Contractor License

Mail Application and Fee to:

Electrical Program

PO Box 44460

Olympia WA 98504-4460

www.Lni.wa.gov/Electrical

For receipt of delivery, send by certified mail.

	Fees:
Contractor License (GL 1450)	\$312.30
Administrator/Master Assignment (GL 1555)	\$46.80
Total Due:	\$359.10

- **Renew online at:** www.Lni.wa.gov/Licensing-Permits/Electrical/Electrical-Licensing-Exams-Education/ > Select Electrical Contractor or Telecommunications Contractor > Scroll down and select the RENEW tab.
- Contact your [local L&I office](#) for assistance or visit one to submit your application and fees in person.
- Find more information about becoming a contractor at www.Lni.wa.gov/Electrical > Electrical Licensing, Exams & Education.

Complete Steps 1 – 4. Don't lose your fees! If denied, resubmittal requires a new application fee.
Incomplete applications may result in a denial.

Please note: Business names must match exactly whenever used in Steps 1 – 4.

STEP 1 – Depending on your business structure, register/file with at least one of the agencies listed below.

- Register with the [Department of Revenue](#) and obtain a business license and receive your Uniform Business Identifier (UBI) number.
- File with the [State of Washington Secretary of State Corporations Division](#).

STEP 2 – After completing what you need to do with the agencies above, you are ready to prepare the following documents. **Include these documents with this application.**

- An [Electrical/Telecommunication Contractors Bond to the State of Washington form](#) (F500-019-000) completed by your bonding agent; **OR**
- In lieu of the above bond, you may include an [Electrical/Telecommunications Contractor Assignment of Savings Account form](#) (F500-020-000) completed by both you and your financial institution.

For Telecommunications Contractors only

- In addition to one of the items above, a Certificate of Insurance is required. [Minimum amounts (coverage must be each occurrence) \$20,000 property damage; \$50,000 for injury or damage to any one person; \$100,000 for injury or damage to more than one person.] The Department of Labor & Industries Electrical Program must be listed as the certificate holder.

STEP 3 – Next, you must assign an administrator/master electrician to your business by using the form below. Complete the form and include it with this application.

- A completed [Change of Assignment for Administrators/Master Electricians form](#) (F503-009-000).

For L&I Use Only	
Transaction ID	
License #	
UBI #	

Step 4 – After completing Steps 1 – 3, you are ready to complete your application.

A. Select “Yes” or “No” for the following questions.

Are you currently licensed as a contractor with L&I? Yes No

If “Yes”, enter the license number: _____

Do you want this license placed in the relicensed status? (If you select “Yes”, you have 90 days to complete any permitted work, or you will need to re-permit the jobs under the new license.) Yes No

Do you want your previous license maintained as a separate license? Yes No

B. Which type of contractor license are you applying for? (Select one – See [WAC 296-46B-920](#) for scope-of-work details.)

- | | |
|--|---|
| <input type="checkbox"/> (01) General | <input type="checkbox"/> (07) Nonresidential Maintenance |
| <input type="checkbox"/> (02) Residential | <input type="checkbox"/> (07A) Nonresidential Lighting Maintenance & Retrofit |
| <input type="checkbox"/> (03) Pump and Irrigation | <input type="checkbox"/> (07B) Residential Maintenance |
| <input type="checkbox"/> (03A) Domestic Well | <input type="checkbox"/> (07C) Restricted Nonresidential Maintenance |
| <input type="checkbox"/> (04) Signs | <input type="checkbox"/> (07D) Appliance Repair |
| <input type="checkbox"/> (06) Limited Energy System | <input type="checkbox"/> (07E) Equipment Repair |
| <input type="checkbox"/> (06A) HVAC/Refrigeration | <input type="checkbox"/> (09) Telecommunications |
| <input type="checkbox"/> (06B) HVAC/Refrigeration – Restricted | <input type="checkbox"/> (10) Door, Gate, and Similar Systems |

C. Select your ownership structure (select one):

- | | |
|--|--|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Partnership (LLP) |
| <input type="checkbox"/> Individual/Sole Proprietor | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Limited Liability Company (LLC) | <input type="checkbox"/> Other: _____ |

D. Business Information

Business Name (<i>Must exactly match name used in Steps 1 - 3</i>)		Phone Number (with area code)	
Business Mailing Address		City	State Zip Code
Parent Company Name if Trade Name			
Fax Number (with area code)	Email Address		UBI Number
Name of Designated Administrator/Master to be assigned to the business			Certificate Number

E. List all Governing Members of the firm – names must match those listed with the Corporate Division in the Office of Secretary of State (SOS) and/or the Department of Revenue (DOR). (*Include a supplemental list with your application if needed.*)

Note: SSN’s, dates of birth, and legal addresses are required for L&I licenses according to RCW 26.23.150, WAC 296-46B-925(1), and 42 USC §666(a)(13).

Governing Member (Last, First, MI) or Entity Name	Date of Birth	SSN or UBI	Phone Number (with area code)	
Mailing Address (physical address if entity)		City	State	Zip Code

Governing Member (Last, First, MI) or Entity Name	Date of Birth	SSN or UBI	Phone Number (with area code)
Mailing Address (physical address if entity)		City	State Zip Code
Governing Member (Last, First, MI) or Entity Name	Date of Birth	SSN or UBI	Phone Number (with area code)
Mailing Address (physical address if entity)		City	State Zip Code
Governing Member (Last, First, MI) or Entity Name	Date of Birth	SSN or UBI	Phone Number (with area code)
Mailing Address (physical address if entity)		City	State Zip Code
Governing Member (Last, First, MI) or Entity Name	Date of Birth	SSN or UBI	Phone Number (with area code)
Mailing Address (physical address if entity)		City	State Zip Code
Governing Member (Last, First, MI) or Entity Name	Date of Birth	SSN or UBI	Phone Number (with area code)
Mailing Address (physical address if entity)		City	State Zip Code
Governing Member (Last, First, MI) or Entity Name	Date of Birth	SSN or UBI	Phone Number (with area code)
Mailing Address (physical address if entity)		City	State Zip Code
Governing Member (Last, First, MI) or Entity Name	Date of Birth	SSN or UBI	Phone Number (with area code)
Mailing Address (physical address if entity)		City	State Zip Code
Governing Member (Last, First, MI) or Entity Name	Date of Birth	SSN or UBI	Phone Number (with area code)
Mailing Address (physical address if entity)		City	State Zip Code
Governing Member (Last, First, MI) or Entity Name	Date of Birth	SSN or UBI	Phone Number (with area code)
Mailing Address (physical address if entity)		City	State Zip Code
Governing Member (Last, First, MI) or Entity Name	Date of Birth	SSN or UBI	Phone Number (with area code)
Mailing Address (physical address if entity)		City	State Zip Code
Governing Member (Last, First, MI) or Entity Name	Date of Birth	SSN or UBI	Phone Number (with area code)
Mailing Address (physical address if entity)		City	State Zip Code

Congratulations! Now that this form is complete, you are ready to submit your application material for review. Don't forget to include a check or money order totaling \$359.10 (non-refundable) made payable to the Department of Labor & Industries. The address is listed on top of the first page.

With this completed application, I am including all documents required in Steps A – C. Business names are exactly the same on all documents and they match those listed with agencies in Step A.

F. Signature (Signature of sole proprietor, partner, corporate officer, or LLC governing member/manger)

I hereby certify that the answers contained, including any accompanying information, have been examined by me and that the matters and things set forth are true, correct, and complete. I acknowledge that the Department may issue citations for false statements, material misrepresentation, or other violations per RCW 19.28 and WAC 296-46B.

Signature

Date