

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

For receipt of delivery, send by certified mail.

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 \$90.30 fee. Make checks payable to: Department of Labor and Industries.
- Supply original one or more [Affidavit of Experience for Washington Electrical Trainees](#) (F500-149-000), unless hours are already on file with the Department.

NOTES: See [RCW 19.28](#), [WAC 296-46B-945](#) (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 do not 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/Licensing-Permits/ >Electrical Licensing, Exams, & Education > Electrical Examinations.
- 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 and 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.



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Enclose a check or money order payable to: Department of Labor and Industries. FEE: \$90.30

NOTE: A separate fee for administering the examination must be paid directly to the exam contractor.

| | |
|---|-----------------------------------|
| Name (Last, First, Middle Initial) | Date of Birth |
| Mailing Address | Social Security Number |
| City State Zip Code | Daytime Phone (include area code) |
| Email Address | |

(Join the electrical listserv for email updates and notices by providing your email address above.)

I am applying for a modified electrical training certificate type checked below:

(See [WAC 296-45B-920](#) for scope of work details)

- | | |
|---|--|
| <input type="checkbox"/> (3A) Domestic Well | <input type="checkbox"/> (07C) Restricted Nonresidential Maintenance |
| <input type="checkbox"/> (06B) HVAC/Refrigeration – Restricted | <input type="checkbox"/> (07D) Appliance Repair |
| <input type="checkbox"/> (07A) Nonresidential Lighting Maintenance & Retrofit | <input type="checkbox"/> (07E) Equipment Repair |
| <input type="checkbox"/> (07B) Residential Maintenance | <input type="checkbox"/> (10) Door, Gate, & Similar Systems |

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