

Questions? Contact us at ElectricalProgram@Lni.wa.gov

Application for a Reciprocal 01 General Journey Level Electrician Certificate

Part A – Information / Instructions

Process:

- 1. Eligible reciprocal states:
 - Oregon No one may reciprocate a license that was not obtained through examination by Oregon. Supervising Electrician License holders and those who completed 8000-hour apprenticeships to become General Journeyman Electricians (J) may be eligible.
- Be sure you are eligible before submitting your application. See the eligibility section below and reciprocal states above. Learn more about reciprocity at: www.Lni.wa.gov/Licensing-Permits/Electrical/Electrical-Licensing-Exams-Education/Electrician
- 3. Retain this page and copies of what you mail for your records
- 4. Send Part C to the state you are reciprocating from. When you get it back, submit it with this application.
- 5. Do not email your application. Mail Parts B and C and documentation required in Part B with your application fee to:

Washington State Department of Labor & Industries Electrical Licensing & Certification PO Box 44460 Olympia WA 98504-4460

Application fee - \$101.20 (\$39.00 is non-refundable after submission) Online payment methods are not available.

Eligibility – You may be eligible to reciprocate if you:

- 1. Qualified for a licensing exam in a reciprocal state through completion of required work experience; and
- 2. Obtained the license or certificate you are reciprocating through examination by a eligible reciprocal state (This means no one is allowed to reciprocate a license not obtained through exam.); and
- 3. Possess a license from a reciprocal state that is current and active with no violations or conditions attached within the past three years; and
- 4. Have never held a Washington 01 general journey level electrician certificate of any kind, or failed to pass an exam for one in the last two years; and
- 5. Are not disqualified by any conditions in WAC 296-46B-940(20); and
- 6. Qualified as allowed by a reciprocal agreement and reciprocal rules.

Reciprocal agreements may not include all allowances in <u>WAC 296-46B-940</u>. Find more information about reciprocity at<u>www.Lni.wa.gov/Licensing-Permits/Electrical/Electrical-Licensing-Exams-Education/Electrician</u>.



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Part B – Applicant Information

Applicant (please print carefully in blue or black ink)

Last Name	First Name		Middle Initial
Address street or PO Box	City	State	Zip Code
Phone Number	Email address		
Date of Birth	Social Security Number		
	quired for L&I licenses, certificates, and regis 3). Failure to provide this information will res		•

You must submit all of this with your application:

1. – Completed applicant information (Part B of this application).
License verification (Part C of this application completed by you and the state you are reciprocating from).
3. – A quality enlarged photocopy of your government issued photo ID.
4. – If you completed your apprenticeship outside of the state you are reciprocating from, provide a copy of your apprenticeship completion certificate, or a signed letter from your apprenticeship training director detailing your hours of experience.
5. – Other documentation necessary to prove eligibility.

Applicant Affidavit

I hereby certify that, to the best of my knowledge, the information on, and included with, this application is complete and correct. I understand that my certificate may be suspended or revoked if I have deliberately falsified my application. I understand that if I provide false information, my application is not approvable.

Furthermore, I certify that I have never held a Washington 01 general journey level certificate of any kind or failed an exam for one within the past two years. I certify that I have read these statements and understand the terms of this application.

Applicant's name (print)

Applicant's signature

Date signed



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Part C – Verification

Applicant: After you have filled out Section 1 below, have the licensing unit of the state you are reciprocating from complete Section 2. (For Oregon Building Codes Division, fax Part C and your return instructions to: 503-378-2322. Questions? Send an email to: <u>license.bcd@dcbs.oregon.gov</u>).

Section 1 – Applicant to complete this section (please print carefully)

Applicant's Last Name	First Name M	
Address street or PO Box	City	State Zip Code
Phone Number	Email address	Social Security Number

Section 2 – To be completed by state you are reciprocating from

License Information

License Type	Issue Date			
License Number	Expiration Date			
Is license current and valid – meaning not currently suspended, revoked, inactive or similar?				
Method of Licensure				
Examination Date	of Examination:			
Qualified for exam by:				
Apprenticeship completion	Work experience outside of apprenticeship			
Other:				
Verifier's Information				
Verifier's First Name	Middle initial Last Name			
State Agency Name				
Email address				
Position title	Phone Number			

- Х
- Signature of verifier

Date signed