

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