Washington State Department of Labor & Industries

Application for a 2000 Hour Specialty Electrician Certificate

[Eligibility granted through modified supervision requirements of RCW 19.28.191(1)(d)(ii)]

Mail to:
Electrical Program
PO Box 44460
Olympia WA 98504-4460
www.Lni.wa.gov/Electrical

Enclose a check or money order payable to the Department of Labor & Industries for $114.60 ($44.20 is nonrefundable)

For receipt of delivery, send by certified mail.

Attached is the State of Washington application for a specialty electrician certificate for 03A – Domestic Well ; 06B – HVAC/Refrigeration – Restricted; 07A – Nonresidential Lighting Maintenance & Retrofit; 07B – Residential Maintenance; 07C – Restricted Nonresidential Maintenance; 07D – Appliance Repair; 07E – Equipment Repair; and 10 – Door, Gate, and Similar Systems.

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 the information will be denied.***

- ☐ Date and sign the application in the **Applicant's Signature** block.
- ☐ Include the **$114.60** fee. Make checks payable to: **Department of Labor and Industries.**
- ☐ Supply legible copies **Affidavit(s) for Modified Training Experience (E2 — 0% Supervision)**

NOTES:

- To be accepted, all experience must have been legally obtained under the requirements of RCW 19.28.191(1)(d)(ii) and WAC 296-46B-945.
- No self-verification of electrical training experience will be accepted.
- You will be notified by mail if your application is approved or denied. If your application is approved, the department will mail your specialty electrician certification.
- Allow at least 4 – 6 weeks processing time under normal circumstances.
- Electrical construction training hours gained in specialties requiring less than two years for certification may not be credited towards qualification for journeyman electrician.

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

I am applying for a specialty electrician certificate in the category checked below:
(Must be the same specialty as indicated on your E2 card)

- ☐ (03A) Domestic Well
- ☐ (06B) HVAC/Refrigeration – Restricted
- ☐ (07A) Nonresidential Lighting Maintenance & Retrofit
- ☐ (07B) Residential Maintenance
- ☐ (07C) Restricted Nonresidential Maintenance
- ☐ (07D) Appliance Repair
- ☐ (07E) Equipment Repair
- ☐ (10) Door, Gate, and Similar Systems

Are all of your Affidavits of Experience already on file with the department?

- ☐ Yes — then you do not have to submit additional affidavits of experience.
- ☐ No — then you must submit additional affidavits of experience.

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 _____

Washington State Department of Labor & Industries

Affidavit of Modified Training Experience
0% Supervision with E2 Certificate

(Time frame cannot exceed the duration of the E-2 certificate)

Electrical Program
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Olympia WA 98504-4460
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For receipt of delivery, send by certified mail

Please read this information before completing the affidavit form below.

- There can be no errors, whiteouts, alterations, or additions on this form. You must submit a legible copy. 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 one begins. Each time frame requires a separate affidavit.
- See WAC 296-46B-920 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 of 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(8), (10), or (11).
- 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 RCW 19.28.191(1)(g)(v) for detail.

Washington State Department of Labor & Industries

Affidavit of Modified Training Experience
0% Supervision with E2 Certificate (Modified Training Certificate)

(Time frame cannot exceed the duration of the E-2 (Modified Training) certificate)

Mail to:
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PO Box 44460
Olympia WA 98504-4460
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I, _____

Print name of Administrator/Master Electrician, Electrical Contractor's Authorized Signer or Apprenticeship Training Director or their Authorized Signer

affirm and certify that _____ _____

Print Name of Trainee *Training Certificate Number*

has worked in Washington as an employee of _____

Print Name of Company or Approved Apprenticeship Program

_____ in the specialty listed below from,

UBI, License, or Apprenticeship Program Number

_____ to _____

Month Day Year *Month Day Year*

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

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