Washington State Department of Labor & Industries

Electrical Licensing and Certification
PO Box 44460
Olympia WA 98504-4460
www.Lni.wa.gov/Electrical

Affidavit of Experience for 100% Supervision Specialties

(***Time frame cannot exceed 24 months per affidavit)***

Update Fee of $53.40 required if not submitted with renewal

Please read this information before completing the affidavit form.

- There can be no errors, whiteouts, alternations, or additions on this form. You must submit the original copy. Please 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 begins. Each time frame requires a separate affidavit.
- See WAC 296-45B-290 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 to 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(7-10).
- 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 WAC 296-46B Table 945-1 for detail.

Washington State Department of Labor & Industries

Affidavit of Experience for 100% Supervision Specialties

I, _____ affirm and certify that
Print name of Administrator/Master Electrician, Authorized Electrical Contractor's Representative or Approved Training Director

_____ _____ has worked in Washington as an employee of
Print Name of Trainee *Training Certificate or Social Security Number*

_____ _____ performing electrical installations inspected
Print Name of Company or Training Program *UBI or License Number*

under RCW 19.28 continuously from _____ to _____
Month Day Year *Month Day Year*

with 100% direct supervision under a Washington certified journey level, master, or specialty electrician, in the category and number of hours below.

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 Seal or Stamp**
Notary public signature	
For the state of	
Residing at	
Title	
My commission expires	

I hereby certify that the information on this affidavit is true and accurate and request that these hours be credited to my electrical training file. I acknowledge that the department may deny this affidavit, issue citation, and subtract up to 2000 hours from my total hours of experience, if I make a false statement or misrepresent the hours on this affidavit per RCW 19.28 and WAC 296-46B.

_____ _____
Signature of the Applicant Date

Subscribed and sworn to before me this date	**Notary Seal or Stamp**
Notary public signature	
For the state of	
Residing at	
Title	
My commission expires	

For L&I Use Only

Approved: ☐ Yes ☐ No

Reason Code	Lapse From	Lapse To	A/C	Initials	Date

RESET