

Electrical Licensing and Certification  
PO Box 44460  
Olympia WA 98504-4460  
[www.Lni.wa.gov/Electrical](http://www.Lni.wa.gov/Electrical)

**NOTE:** All items listed below **must be submitted** as a complete package or we will be unable to process your application. The business name must be **exactly the same on all documents**.

A complete package includes:

1. **Application for Telecommunications Contractor's License** filled out and accompanied by the required fee. Contractor's license fee (two-year license) is **\$277.60**. The application must be filled out **completely**.
  - a. **Uniform Business Identifier (UBI) Number:** Issued the Business Licensing Service of the Department of Revenue. You will also need this number to obtain a bond.
  - b. **Industrial Insurance Account Number:** If you have employees or plan to hire employees, you will need an Industrial Insurance Account number (issued by the Department of Labor & Industries Industrial Insurance division).
  - c. **Designated Administrator:** Only one administrator can be **assigned** to the business at any specific time. The administrator's name and **certificate number** must be entered on the form.
2. Complete either the [Electrical/Telecommunications Contractor's Bond to the State of Washington](#) (F500-019-000) or the [Electrical/Telecommunications Contractor Assignment of Savings Account](#) (F500-020-000). **You must send an original copy.**
3. **Certificate of Insurance:** Minimum amounts (coverage must be each occurrence) \$20,000 property damage, \$50,000 for injury or damage to any one person, \$100,000 for injury or damage to more than one person.
4. [Change Assignment of Administrator/Master Certificate](#) (F503-009-000). This form is used to assign or un-assign an administrator to a contract.
  - a. The administrator agrees to perform the duties of the administrator for a contractor or gives the required notification that they are no longer assigned to a contractor per [RCW 19.28.061](#).
  - b. The assignment fee is **\$41.60**.
  - c. The administrator's signature **must be notarized**. The contractor's confirming signature does not have to be notarized.

**NOTE:** If you're doing other non-electrical type work, you may also need to be registered with the [Contractor Registration](#) section as well. For more information, see [RCW 18.27](#) or contact them at 360-902-5226.

Visit our website at [www.Lni.wa.gov](http://www.Lni.wa.gov) under Trades & Licensing for the following information and services:

- Internet access for **licensed contractors** to purchase permit online using the Electronic Permits and Inspection System (EPIS). These services are accessed through a secured website therefore they're only available to subscribing customers. You can download the application by clicking [here](#).
- You can renew your electrical license or certificate online at [www.Lni.wa.gov/Licensing](http://www.Lni.wa.gov/Licensing). Credit card payment required.
- View information regarding contractors, electricians, and plumbers at [www.Lni.wa.gov/Contractors](http://www.Lni.wa.gov/Contractors).
- Get the electrical laws and rules, [RCW 19.28](#) and [WAC 296-46B](#), by clicking on "[Electrical Rules, Policy & Laws](#)" under Related L&I Topics.
- Get information regarding the examination, including testing outlines by clicking on "[Licensing, Exams, and Education](#)."

- Easily keep information about the electrical industry in Washington and receive automatic email notices, including the monthly Electrical Currents newsletter by joining the Electrical listserv. Join the listserv at [www.Lni.wa.gov/Main/Listervs/Electrical.asp](http://www.Lni.wa.gov/Main/Listervs/Electrical.asp).

#### **Electrical/Telecommunication Contractor's Bond to the State of Washington ([F500-019-000](#)):**

1. You must submit an original copy of the form.
2. There can be no errors, whiteouts, alternations, or additions on the bond form.
3. The bond must list an effective date, the bonding company representative's signature, the seal of the bonding company, and power of attorney.
4. The business name on the bond must match **exactly** the business name listed on the Application for Telecommunications Contractor's License form (F503-008-000).
5. The bond and application must state the name of the company under which the contractor is actually doing business.
6. The bond must be typed and state the name of the principal, partners, or corporation and the business name of the contracting company.
  - a. Individual Proprietorship Example: Mark Jones (principal), DBA Jones Communication (business name).
  - b. Partnership Example: John Smith and Henry Jones (principal), DBA Smith & Jones Cabling (business name).
  - c. Corporation, LLC, or LLP Example: Empire Corporation (principal), registered trade name Network Communications (business name).

#### **Electrical/Telecommunications Contractor Assignment of Savings Account ([F500-020-000](#)):**

In lieu of a bond, you must submit an original copy of the Electrical/Telecommunication Contractor Assignment of Saving Account form.

1. There can be errors, whiteouts, alternations, or additions on the form.
2. This assignment will assign the sum of \$4,000 to the State of Washington. These funds cannot be released to you until the company has been out of business for at least one year or a bond has been in force for at least one year.
3. The account form is to be completed by your back personnel and that person's signature **must be notarized**.
4. The account form must state the name of the principal, partners, or corporation and the business name of the contracting company.
5. This form must show the information in the same format as the examples above the for the Electrical/Telecommunications Contractor's Bond to the Save of Washington.

#### **Certificate of Insurance Requirements**

Minimum amounts (coverage must be each occurrence):

1. \$20,000 for injury or damage to property.
2. \$50,000 for injury or damage to any one person.
3. \$100,000 for injury or damage to more than one, or financial responsibility to satisfy these amounts.

The **Certificate of Insurance** or other insurance document must:

1. Include policy number, amounts of coverage, effective date, cancellation clause, and signature of agent.
2. Be a signed original. There can be no errors, whiteouts, alterations, or additions on the form.
3. Match **exactly** the business name on the bond and the Application for Telecommunication Contractor's License.
4. List the Department of Labor & Industries, Electrical Section, PO Box 44460 Olympia WA 98504-4460 as the certificate holder.
5. Not reflect an expiration date. Certificates are to be issued as **continuous until cancelled**.

**If you have any questions regarding the completion of your Telecommunications Contractor's Application, please contact us at 360-902-5269.**



# Application for Telecommunications Contractor's License

Electrical Licensing and Certification  
 PO Box 44460  
 Olympia WA 98504-4460  
[www.Lni.wa.gov/Electrical](http://www.Lni.wa.gov/Electrical)

Telecommunications Contractor's License \$277.60 GL 1450  
 Administrator \$41.60 GL 1555  
**TOTAL DUE: \$319.20**

**License will expire two years from the date of issue.**

License Number Issued	UBI Number
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Business Name <i>(limited to 30 characters – if more than 30 characters, name will be abbreviated)</i>	Phone Number <i>(include area code)</i>
Business Mailing Address	City State Zip Code
Name of Designated Administrator to be Assigned to this Business	Administrator Certificate Number

**Select “Yes” or “No” to the following questions:**

Are you currently or have you previously been licensed as an electrical contractor with this agency?  Yes  No

• If “Yes”, enter your previous license number: \_\_\_\_\_

Do you want your previous license placed relicensed?  Yes  No

Do you currently utilize contractor deposit (CD) accounts?  Yes  No

• If “Yes”, do you want to transfer any remaining funds in the account to the new license?  Yes  No

Will you use the Electrical Internet Services?  Yes  No

Do you plan to hire or do you have employees?  Yes  No

• If “Yes”, enter your Industrial Insurance Account number: \_\_\_\_\_

If you would like to receive email updates about the Electrical Program provide your email below:

\_\_\_\_\_

\_\_\_\_\_  
 Print Applicant's Name

\_\_\_\_\_  
 Applicant's Signature

**Complete the “Business Type” information on the following page.**

For Agency Use Only						
SPEC CODE: 09	EFF DATE	EXP DATE	ADM CERT #	CC#	CRW	OOB
Processed through email box? <input type="checkbox"/> Yes <input type="checkbox"/> No						

**Business Type** (Check only one):

**Individual Proprietorship** (Name of the individual, not the business name)

Name (Last name, First name, Middle initial)	Social Security Number	Phone Number (include area code)	
Mailing Address	City	State	Zip Code

**Partnership** (Names of each partner)

1 <sup>st</sup> Name (Last name, First name, Middle initial)	Social Security Number	Phone Number (include area code)	
Mailing Address	City	State	Zip Code
2 <sup>nd</sup> Name (Last name, First name, Middle initial)	Social Security Number	Phone Number (include area code)	
Mailing Address	City	State	Zip Code
3 <sup>rd</sup> Name (Last name, First name, Middle initial)	Social Security Number	Phone Number (include area code)	
Mailing Address	City	State	Zip Code

**Corporation**

Names must match those listed with the Corporate Division in the Office of the Secretary of State (SOS). If you change corporate officers, you must **officially** notify the Office of Secretary of State. Electrical Licensing & Certification must also be officially notified either by letter or contractor renewal notice submitted **after** the change is recorded by SOS.

All corporations and limited liability companies, and out of state limited liability partnership doing business in Washington must have a registered agency with a Washington State address. The registered agency may be an individual or any other organization registered by the SOS to do business in Washington.

Name of Corporation	Federal Tax Identification Number	Phone Number (include area code)	
Mailing Address of Principal Office	City	State	Zip Code
Registered Agent (Last name, First name, Middle initial)	Social Security/UBI Number	Phone Number (include area code)	
Physical Address (not a PO Box)	City	State	Zip Code
President's Name (Last name, First name, Middle initial)	Social Security Number	Phone Number (include area code)	
Mailing Address	City	State	Zip Code
Vice President's Name (Last name, First name, Middle initial)	Social Security Number	Phone Number (include area code)	
Mailing Address	City	State	Zip Code
Secretary's Name (Last name, First name, Middle initial)	Social Security Number	Phone Number (include area code)	
Mailing Address	City	State	Zip Code
Treasurer's Name (Last name, First name, Middle initial)	Social Security Number	Phone Number (include area code)	
Mailing Address	City	State	Zip Code

**LLC**     **LLP**

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Name of Corporation	Federal Tax Identification Number	Phone Number (include area code)	
Mailing Address of Principal Office	City	State	Zip Code
Registered Agent (Last name, First name, Middle initial)	Social Security/UBI Number	Phone Number (include area code)	
Physical Address (not a PO Box)	City	State	Zip Code
Member's Name (Last name, First name, Middle initial)	Social Security Number	Phone Number (include area code)	
Mailing Address	City	State	Zip Code
Member's Name (Last name, First name, Middle initial)	Social Security Number	Phone Number (include area code)	
Mailing Address	City	State	Zip Code
Member's Name (Last name, First name, Middle initial)	Social Security Number	Phone Number (include area code)	
Mailing Address	City	State	Zip Code
Member's Name (Last name, First name, Middle initial)	Social Security Number	Phone Number (include area code)	
Mailing Address	City	State	Zip Code