



# CHANGE ASSIGNMENT OF ADMINISTRATOR/MASTER CERTIFICATE

Enclose a check or money order payable to: Department of Labor and Industries  
 Note: Only one fee is required if you are assigning and unassigning at the same time.

Assignment/Unassignment Fee: \$35.00

|  |       |          |                                   |
|--|-------|----------|-----------------------------------|
| Name (Last name, first name, middle initial)   |       |          | Date                              |
| Mailing Address  |       |          | Certificate Number                |
| City   | State | Zip Code | Daytime Phone (Include area code) |
| Join the electrical listserv for email updates & notices at <a href="http://listserv.wa.gov/archives/electrical.html">http://listserv.wa.gov/archives/electrical.html</a> or by providing your email address here: |       |          |                                   |

Please revise my status as shown below (Use both blocks if necessary)

|  |       |                           |                           |                           |
|--|-------|---------------------------|---------------------------|---------------------------|
| As of:   |       |                           |                           | <b>I will be ASSIGNED</b> |
|  | Month | Day                       | Year                      |                           |
| To: Electrical/Telecommunications Contractor Name  |       |                           | Contractor License Number |                           |
| City   |       | State                     | ZIP Code                  |                           |
| <b>I agree to perform the duties of the Administrator/Master as stated in Chapter 19.28 RCW and to notify the department within 10 days of a change in my assignment status as an Administrator/Master. (Administrator/Master's signature must be notarized)</b> |       |                           |                           |                           |
| Date   |       | Administrator's Signature |                           |                           |

**Dept. Use Only**

|   |       |                           |                           |                             |
|---|-------|---------------------------|---------------------------|-----------------------------|
| As of:  |       |                           |                           | <b>I will be UNASSIGNED</b> |
|   | Month | Day                       | Year                      |                             |
| From: Electrical/Telecommunications Contractor Name   |       |                           | Contractor License Number |                             |
| City  |       | State                     | ZIP Code                  |                             |
| <b>I confirm that I am no longer performing the duties of the Administrator/Master as stated in Chapter 19.28 RCW and am notifying the department within 10 days of a change in my assignment status as an Administrator/Master. (Administrator/Master's signature must be notarized)</b> |       |                           |                           |                             |
| Date  |       | Administrator's Signature |                           |                             |

**Dept. Use Only**

NOTARY  
SEAL

\_\_\_\_\_  
NOTARY SIGNATURE

|   |                          |
|---|--------------------------|
| SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE | MY COMMISSION EXPIRES ON |
| NOTARY PUBLIC IN AND FOR THE STATE OF       | RESIDING AT              |

**ASSIGNMENT CONFIRMATION** (Confirmation only needs to be completed if applicant is assigning.)

**I am the owner, partner, principal, or an officer of the contractor above. I confirm the above applicant is to be assigned as the designated administrator/master for this contractor's license to perform the administrator/master's duties per Chapter 19.28 RCW. (Notary not required for company representative signature)**

|      |                                       |                                    |
|------|---------------------------------------|------------------------------------|
| Date | Company Representative's Name (Print) | Company Representative's Signature |
|------|---------------------------------------|------------------------------------|

Assignment     
  Separation     
 \_\_\_\_\_ Reason Code     
 \_\_\_\_\_ Separation Date     
 \_\_\_\_\_ Initials