



## Instructions For Completing Application For Telecommunications Contractor's License

**NOTICE:** 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 **\$266.20**. The application must be filled out *completely*.
  - a. **Uniform Business Identifier (UBI) Number:** Issued by 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, your Industrial Insurance Account number (Issued by the Department of Labor and 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. [Electrical/Telecommunications Contractor's Bond to the State of Washington](#) or [Electrical/Telecommunications Contractor Assignment of Savings Account](#) form (originals only, no copies).
3. **Certificate of Insurance:** Minimum amounts (coverage must be for 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](#) form. This form is used to assign or un-assign an administrator to a contractor.
  - 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 **\$39.90**
  - c. The administrator's signature *must be notarized*. The contractor's confirming signature does not have to be notarized.

**NOTE:** If you are 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 permits on-line using EPIS Electronic Permits and Inspection System. These services are accessed through a secured website therefore; they are only available to subscribing customers. Go to our website to download the [application](#).
- You can renew your electrical license or certificate at [Licensing.Lni.wa.gov](http://Licensing.Lni.wa.gov). (Credit card required)
- View information regarding contractors, electricians and plumbers at [Contractors.Lni.wa.gov](http://Contractors.Lni.wa.gov).
- Obtain the electrical laws and rules, chapter 19.28 RCW and 296-46B WAC by clicking on "[Electrical rules, policy, & laws](#)" under Related L&I Topics.
- Obtain information regarding the examination, including testing outlines clicking on "[Licensing, Exams, and Education](#)".
- Easily keep informed about the electrical industry in Washington and receive automatic e-mail notices, including the monthly Electrical Currents newsletter by joining the electrical listserv at <http://www.Lni.wa.gov/Main/Listservs/Electrical.asp> then click "join or leave the list".

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

## Electrical/Telecommunications Contractor's Bond to the State of Washington

1. You must submit an original (not a copy) **Electrical/Telecommunications Contractor's Bond to the State of Washington** form.
2. There can be no errors, whiteouts, alterations 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.
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 Communications (business name).
  - b. Partnership example:  
John Smith and Henry Jones (principals), DBA Smith and 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

In lieu of a bond, you may submit an original (not a copy) **Electrical/Telecommunications Contractor Assignment of Savings Account** form.

1. There can be no errors, whiteouts, alterations 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 bank 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 for the Electrical/Telecommunications Contractor's Bond to the State of Washington.

## Certificate of Insurance Requirements

Minimum amounts (coverage must be for 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 person, 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 Telecommunications Contractor's License*.
4. List the Department of Labor and Industries, Electrical Section, PO Box 44460, Olympia, Washington, 98504-4460 as the certificate holder.
5. Not reflect an expiration date. Certificates are to be issued as *continuous until cancelled*.

## Licensed as a Corporation, LLC, or LLP

If you are requesting to be licensed as a corporation, LLC, or LLP telecommunications contractor:

1. You must **First** apply to the Washington State Office of the Secretary of State, Corporate Division and be registered as a corporation, LLC, or LLP (as it applies to your application). Corporate DBA names must be officially registered with the Office of the Secretary of State as "registered trade names."

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

**Mail Application and Fee To:**  
 Department of Labor and Industries  
 Electrical Licensing and Certification  
 P.O. Box 44460  
 Olympia, Wash. 98504-4460  
 www.Lni.wa.gov



# Application For Telecommunications Contractor's License

Telecommunications Contractor's License \$ 266.20 GL Code 1450  
 Administrator \$ 39.90 GL Code 1555  
**TOTAL DUE \$ 306.10**

<b>SPEC CODE</b>		<b>FOR AGENCY USE ONLY</b>			
<b>09</b>					
<b>EFF DATE</b>	<b>EXP DATE</b>	<b>ADM CERT #</b>	<b>CC#</b>	<b>CRW</b>	<b>OOB</b>
Processed through the Email box? <input type="checkbox"/> Yes <input type="checkbox"/> No					

**License Will Expire Two Years From Date of Issue**

**License Number Issued**       **UBI 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? \_\_\_\_\_

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 \_\_\_\_\_

If you would like to receive email updates about the Electrical Program provide your email here: \_\_\_\_\_

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

Applicant's Name <b>(Print)</b>	Applicant's Signature
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**You must complete the "Business Type" information on this or the following page. Only select one Business Type.**

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

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

Name <i>(Last name, first name, middle initial)</i>	Social Security Number	Phone <i>(include area code)</i>	
Mailing Address	City	State	Zip Code

**Partnership** (Names of each partner)

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

**Corporation**

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

Name of Corporation	Federal Tax Identification Number	Phone ( <i>include area code</i> )	
Mailing Address of Principal Office	City	State	Zip Code
President ( <i>Last name, first name, middle initial</i> )	Social Security Number	Phone ( <i>include area code</i> )	
Mailing Address	City	State	Zip Code
Vice President ( <i>Last name, first name, middle initial</i> )	Social Security Number	Phone ( <i>include area code</i> )	
Mailing Address	City	State	Zip Code
Secretary ( <i>Last name, first name, middle initial</i> )	Social Security Number	Phone ( <i>include area code</i> )	
Mailing Address	City	State	Zip Code
Treasurer ( <i>Last name, first name, middle initial</i> )	Social Security Number	Phone ( <i>include area code</i> )	
Mailing Address	City	State	Zip Code
Registered Agent ( <i>Last name, first name, middle initial</i> )	Social Security Number	Phone ( <i>include area code</i> )	
Physical Address ( <i>Not a PO Box</i> )	City	State	Zip Code

**LLC**    **LLP**

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

Name of Corporation, LLC, or LLP	Federal Tax Identification Number	Phone ( <i>include area code</i> )	
Mailing Address of Principal Office	City	State	Zip Code
Member ( <i>Last name, first name, middle initial</i> )	Social Security Number	Phone ( <i>include area code</i> )	
Mailing Address	City	State	Zip Code
Member ( <i>Last name, first name, middle initial</i> )	Social Security Number	Phone ( <i>include area code</i> )	
Mailing Address	City	State	Zip Code
Member ( <i>Last name, first name, middle initial</i> )	Social Security Number	Phone ( <i>include area code</i> )	
Mailing Address	City	State	Zip Code
Member ( <i>Last name, first name, middle initial</i> )	Social Security Number	Phone ( <i>include area code</i> )	
Mailing Address	City	State	Zip Code
Registered Agent ( <i>Last name, first name, middle initial</i> )	Social Security Number	Phone ( <i>include area code</i> )	
Physical Address ( <i>Not a PO Box</i> )	City	State	Zip Code