

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

**This application is for individuals who gained their electrical work experience while working in Washington.**  
If you are qualifying with out of state work experience, use form F626-009-000.  
*Applications received without all the information will be denied.*

Complete the checklist to determine your eligibility for examination:

<u>Yes</u>	<u>No</u>	<u>Requirements</u>
<input type="checkbox"/>	<input type="checkbox"/>	I have completed all fields of the application.
<input type="checkbox"/>	<input type="checkbox"/>	I have dated and signed the application in the Applicant's Signature block.
<input type="checkbox"/>	<input type="checkbox"/>	I have included the \$90.00 fee with my application (make checks payable to: Department of Labor and Industries)
<input type="checkbox"/>	<input type="checkbox"/>	I am including completed affidavits of experience OR I have already submitted my affidavits of experience
<input type="checkbox"/>	<input type="checkbox"/>	I am not submitting this instruction sheet with my application.

If you answered NO to any of the statements above, STOP – your application will likely be denied.

**Notes:**

Verification of your experience must be submitted on an **Affidavit of Experience** form and must be **notarized**.  
The Affidavits of Experience form must be completed by:

- o An authorized representative for the electrical contractor *or*
- o Your Training Director if you are enrolled in an approved apprenticeship program.

See [RCW 19.28](#) and [WAC 296-46B-945](#) for additional information on qualifying for the Washington electrician examination.

To be accepted, all experience must have been legally obtained under the requirements of [RCW 19.28](#) .

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 approval letter with the contact information for the exam contractor to the mailing address you provided. A separate fee scheduling your examination must be paid directly to the exam contractor. You will be responsible for scheduling your examination with the exam contractor. You can obtain information to study for the examination on the electrical website under Exam Information.

Once you successfully pass the examination the department will mail your certificate to you within approximately 2 – 4 weeks.

You must keep you electrical training certificate current until you pass the examination. If you take and pass a specialty electrician examination.

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**Enclose a check or money order payable to Department of Labor and Industries for \$90.00.**

### Applicant Information

Name (Last, First, Middle Initial)			Date of Birth
Mailing Address			Social Security Number <i>(for ID only)</i>
City	State	Zip Code	Daytime Phone <i>(include area code)</i>
Email Address			

**I am applying for the Electrical Examination for the certificate type checked below:**

(See [WAC 296-46B-920](#) for scope-of-work details)

- |   |   |
|---|---|
| <input type="checkbox"/> (01) General                                   | <input type="checkbox"/> (07) Nonresidential Maintenance                      |
| <input type="checkbox"/> (02) Residential                               | <input type="checkbox"/> (07A) Nonresidential Lighting Maintenance & Retrofit |
| <input type="checkbox"/> (03) Pump and Irrigation                       | <input type="checkbox"/> (07B) Residential Maintenance                        |
| <input type="checkbox"/> (03A) Domestic Well                            | <input type="checkbox"/> (07C) Restricted Nonresidential Maintenance          |
| <input type="checkbox"/> (04) Signs                                     | <input type="checkbox"/> (07D) Appliance Repair                               |
| <input type="checkbox"/> (06) Limited Energy System                     | <input type="checkbox"/> (07E) Equipment Repair                               |
| <input type="checkbox"/> (06A) HVAC/Refrigeration Limited Energy System | <input type="checkbox"/> (10) Door, Gate, and Similar Systems                 |
| <input type="checkbox"/> (06B) HVAC/Refrigeration – Restricted          |   |

**Select “YES” or “NO” to the following questions:**

- Have you previously been a certified electrician or electrical trainee with this agency?  Yes  No
- Is this your first application for an electrician exam certificate with this agency?  Yes  No

All applications and documents submitted must be originals and become the property of the department.

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