

Electrical Licensing & Certification
PO Box 44460
Olympia WA 98504-4460

www.Lni.wa.gov/Electrical

Fee: \$60.10 (Nonrefundable) for each new instructor — submit 1 copy of all documents.

The completed application must be received at 30 days before teaching the course. Instructor approval will be valid for three (3) years.

Name	
Address	
City	State Zip Code
Phone Number	Email Address
Previously Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", Provide Your Instructor Identification Number

Instructor Approval Process

See [WAC 296-46B-970 \(5\)](#) for additional information.

- ☐ Attach a copy of current résumé.
- ☐ Copies of applicable experience, licenses, and/or qualifications.

Instructors must meet at least one (1) of the following. Check the appropriate box(es) and provide the necessary supporting documentation of how you meet these requirements.

- ☐ WA Electrical Administrator or Electrician Certificate Number: _____
- ☐ WA Electrical Engineer registered under [RCW 18.43](#) License Number: _____
- ☐ WA Licensed Training Program — is an instructor in a two-year program in the electrical construction trade licensed by the Washington Workforce Training and Education Coordinating Board. The instructor's normal duties must include providing electrical/electronic education.
Name of Training Program: _____
- ☐ Vocational Instructor — is a high school vocational teacher, community college, college, qualified instructor with a State of Washington approved electrical apprenticeship program, or university instructor. The instructor's normal duties must include providing electrical/electronic education.
- ☐ Manufacturer — works for and is approved by a manufacturer of electrical products to teach electrical continuing education.
Manufacturer's Name: _____
Product: _____
- ☐ Subject matter expert approved by the chief electrical inspector who can demonstrate appropriate knowledge of, and experience in the electrical construction trade and working as an electrical/electronic trainer.

By signing below, I attest to the accuracy and completion of the information contained within this application and any supporting documentation I provide.

Print Name of Applicant

Applicant Signature

Date