

Change of Assignment for Administrators/Master Electricians

Mail this form and fee of **\$46.80** to:
Electrical Licensing & Certification
PO Box 44460

Olympia WA 98504-4460

www.Lni.wa.gov/Electrical

For receipt of delivery, send by certified mail

Complete a separate form for each individual

Update your address & contact information:

www.lni.wa.gov/licensing-permits/manage-licenses-certifications

Administrators/Master Electricians: Use this form to assign, unassign or both. Use our [Verify Tool](#) to confirm license or certificate numbers or assignments.

1. Assign Section: (Contractor must confirm assignment below) Cross out assigning section if not assigning)

Administrator/Master Electrician's Name (Last, First, MI)	Administrator/Master Certificate Number***
As of _____ I will be assigned to: _____	
Month Day Year	Electrical/Telecommunications Contractor Name
Electrical/Telecommunications Contractor License Number	
I agree to perform the duties of the Administrator/Master Electrician as stated in Chapter 19.28 RCW and to notify the department within 10 days of a change in my assignment as an Administrator/Master Electrician.	
Administrator/Master Electrician's Signature – Signature must be notarized below.	
***Leave field blank if you just successfully passed all sections of your administrator exam and copies of your passing score reports and administrator certification fees accompany this form. All others must provide their certificate number.	

Assignment Confirmation Section (Confirmation only required when assigning above.)

I am the owner, partner principal, or an officer of the contractor named in the assigning section. I confirm the following:		
1. Our electrical/telecommunications contractor license number in the assign section is correct, and		
2. The Administrator/Master Electrician named in the assign section is to be assigned as the designated Administrator/Master Electrician for our contractor license to perform the Administrator/Master Electricians' duties per Chapter 19.28 RCW		
Date	Printed Name of Confirming Party	Signature (Notarization not required)

2. Unassign Section: (Cross out section if not used)

Administrator/Master Electrician's Name (Last, First, MI)	Administrator/Master Certificate Number
As of _____ I will be unassigned from: _____	
Month Day Year	Electrical/Telecommunications Contractor Name
Electrical/Telecommunications Contractor License Number	
I confirm that I am no longer performing the duties of the Administrator/Master Electrician as stated in Chapter 19.28 RCW and to notify the department within 10 days of a change in my assignment as an Administrator/Master Electrician.	
Administrator/Master Electrician's Signature – Signature must be notarized below.	

Notarization of Signatures in Assign/Unassign Sections:

Subscribed and sworn to before me this date	
Notary public signature	
For the state of	
Residing at	
Title	My commission expires

Notary Seal or Stamp
