



# Application for a 0% Supervision Modified Electrical Training Certificate & Specialty Examination

Mail to:  
Electrical Program  
PO Box 44460  
Olympia WA 98504-4460  
[www.Lni.wa.gov/Electrical](http://www.Lni.wa.gov/Electrical)

For receipt of delivery, send by certified mail.

Attached is the state of Washington's application for a 0% supervision modified electrical training certificate and specialty examination. To avoid delays in the processing of your application, please ensure that you have included all of the items on the checklist provided below. **Applications received without all of the information will be denied.**

- ☐ Complete the entire application including the work history portion.
- ☐ Date and sign the application in the **Applicant's Signature** block.
- ☐ Include \$96.00 fee. Make checks payable to: Department of Labor & Industries.
- ☐ Supply original one or more [Affidavit of Experience for Washington Electrical Trainees](#) (F500-149-000), unless hours are already on file with the Department.

**NOTES:** See [RCW 19.28](#), [WAC 296-46B-945](#) (Table 945-1), and [WAC 196-45B-945](#) for additional information.

- To be accepted, all experience must have been legally obtained under the requirements of RCW 19.28 and WAC 296-46B.
- 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 testing agency. A separate fee for the exam must be paid directly to the testing agency. You will be responsible for scheduling your exam. You will be given exactly one year from the date on the approval letter to pass the examination. If you do not pass the examination within that one year time frame, this application and your approval to test will be expired. You can obtain study information on the electrical website at [www.Lni.wa.gov/Licensing-Permits/](http://www.Lni.wa.gov/Licensing-Permits/) >Electrical Licensing, Exams, & Education > Electrical Examinations.
- Once we receive notice from the testing agency that you have successfully completed the exam, the department will mail your non-renewable 0% supervision modified training certificate within approximately 2 – 4 weeks. At that time, you may work under 0% supervision. The 0% supervision modified electrical training certificate will expire 2 years from the date you passed the exam. Before that certificate expires, you must complete and submit the balance of the required hours and apply for the specialty electrician certificate using form [F500-098-000](#).

Specialty	Hours Required to be Eligible for Examination	Hours Required to be Eligible for Certification
(03A) Domestic Well	720	2000
(06B) HVAC Refrigeration – Restricted	1000	2000
(07A) Nonresidential Lighting Maintenance & Retrofit	720	2000
(07B) Residential Maintenance	720	2000
(07C) Restricted Nonresidential Maintenance	1000	2000
(07D) Appliance Repair	720	2000
(07E) Equipment Repair	1000	2000
(10) Door, Gate, & Similar Systems	720	2000

**Note:** Electrical construction training hours gained in specialties requiring less than 2 years for certification cannot be credited towards certification for journey level electrician.



Washington State Department of  
**Labor & Industries**

## **Application for a 0% Supervision Modified Electrical Training Certificate & Specialty Examination**

Mail to:  
Electrical Program  
PO Box 44460  
Olympia WA 98504-4460  
[www.Lni.wa.gov/Electrical](http://www.Lni.wa.gov/Electrical)

For receipt of delivery, send by certified mail.

**Enclose a check or money order payable to: Department of Labor & Industries. FEE: \$96.00**

**NOTE:** A separate fee for administering the examination must be paid directly to the exam contractor.

Name (Last, First, Middle Initial)			Date of Birth
Mailing Address			Social Security Number
City	State	Zip Code	Daytime Phone (include area code)
Email Address			

**I am applying for a modified electrical training certificate type checked below:**

(See [WAC 296-45B-920](#) for scope of work details)

- |                                                                               |                                                                      |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> (3A) Domestic Well                                   | <input type="checkbox"/> (07C) Restricted Nonresidential Maintenance |
| <input type="checkbox"/> (06B) HVAC/Refrigeration – Restricted                | <input type="checkbox"/> (07D) Appliance Repair                      |
| <input type="checkbox"/> (07A) Nonresidential Lighting Maintenance & Retrofit | <input type="checkbox"/> (07E) Equipment Repair                      |
| <input type="checkbox"/> (07B) Residential Maintenance                        | <input type="checkbox"/> (10) Door, Gate, & Similar Systems          |

### **Employment History**

Name of Employer	Start Date	End Date
Address	City	State Zip Code
Position – Job Duties		

Name of Employer	Start Date	End Date
Address	City	State Zip Code
Position – Job Duties		

**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