

Questions? Contact us at
ElectricalProgram@Lni.wa.gov

Part A – Information / Instructions

Process

1. Eligible reciprocal states:
 - **Oregon** – No one may reciprocate a license that was not obtained through examination by Oregon. Supervising Electrician License holders and those who completed 8000-hour apprenticeships to become General Journeyman Electricians (J) may be eligible.
2. Be sure you are eligible before submitting your application.
See the eligibility section below and reciprocal agreement above. Find information about reciprocity at:
www.Lni.wa.gov/Licensing-Permits/Electrical/Electrical-Licensing-Exams-Education/Electrician
3. Retain this page and copies of what you mail for your records
4. Send Part C to the state you are reciprocating from. When you get it back, submit it with this application.
5. Do not email your application. Mail Parts B and C and documentation required in Part B with your application fee to:

Washington State Department of Labor & Industries
Electrical Licensing & Certification
PO Box 44460
Olympia WA 98504-4460

Application fee - \$95.20 (\$36.70 is non-refundable after submission)
Online payment methods are not available.

Eligibility – You may be eligible to reciprocate if you:

1. Qualified for a licensing exam in a reciprocal state through completion of required work experience; and
2. Obtained the license or certificate you are reciprocating through examination by a eligible reciprocal state (This means no one is allowed to reciprocate a license not obtained through exam.); and
3. Possess a license from a reciprocal state that is current and active with no violations or conditions attached within the past three years; and
4. Have never held a Washington 01 general journey level electrician certificate of any kind, or failed to pass an exam for one in the last two years; and
5. Are not disqualified by any conditions in WAC [296-46B-940](http://www.wa.gov/wac/296-46B-940)(20); and
6. Qualified as allowed by a reciprocal agreement and reciprocal rules.

Reciprocal agreements may not include all allowances in [WAC 296-46B-940](http://www.wa.gov/wac/296-46B-940). Find more information about reciprocity at www.Lni.wa.gov/Licensing-Permits/Electrical/Electrical-Licensing-Exams-Education/Electrician.

Application for a Reciprocal 01 General Journey Level Electrician Certificate

Part B – Applicant Information

Applicant (please print carefully in blue or black ink)

Last Name	First Name	Middle Initial
Address street or PO Box		City State Zip Code
Phone Number	Email address	
Date of Birth	Social Security Number	
<p>Your Social Security number is required for L&I licenses, certificates, and registrations according to RCW 26.23.150 and 42 USC §666(a)(13). Failure to provide this information will result in the denial of your application.</p>		

You must submit all of this with your application:

<input type="checkbox"/>	1. – Completed applicant information (Part B of this application).
<input type="checkbox"/>	2. – License verification (Part C of this application completed by you and the state you are reciprocating from).
<input type="checkbox"/>	3. – A quality enlarged photocopy of your government issued photo ID.
<input type="checkbox"/>	4. – If you completed your apprenticeship outside of the state you are reciprocating from, provide a copy of your apprenticeship completion certificate, or a signed letter from your apprenticeship training director detailing your hours of experience.
<input type="checkbox"/>	5. – Other documentation necessary to prove eligibility.

Applicant Affidavit

I hereby certify that, to the best of my knowledge, the information on, and included with, this application is complete and correct. I understand that my certificate may be suspended or revoked if I have deliberately falsified my application. I understand that if I provide false information, my application is not approvable.

Furthermore, I certify that I have never held a Washington 01 general journey level certificate of any kind or failed an exam for one within the past two years. I certify that I have read these statements and understand the terms of this application.

Applicant's name (print)	Applicant's signature	Date signed
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Part C – Verification

Applicant: After you have filled out Section 1 below, have the licensing unit of the state you are reciprocating from complete Section 2. (For Oregon Building Codes Division, fax Part C and your return instructions to: 503-378-2322. Questions? Send an email to: license.bcd@oregon.gov).

Section 1 – Applicant to complete this section (please print carefully)

Applicant's Last Name		First Name	Middle Initial
Address street or PO Box		City	State Zip Code
Phone Number	Email address	Social Security Number	

Section 2 – To be completed by state you are reciprocating from

License Information

License Type	Issue Date
License Number	Expiration Date
Is license current and valid – meaning not currently suspended, revoked, inactive or similar?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Method of Licensure

<input type="checkbox"/> Examination	Date of Examination: _____
Qualified for exam by:	
<input type="checkbox"/> Apprenticeship completion	<input type="checkbox"/> Work experience outside of apprenticeship
<input type="checkbox"/> Other: _____	

Verifier's Information

Verifier's First Name	Middle initial	Last Name
State Agency Name		
Email address		
Position title	Phone Number	

X

Signature of verifier

Date signed