



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

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 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 the \$77.00 fee. Make checks payable to: **Department of Labor and Industries**
- Supply original **Affidavit (s) of Experience for Modified Trainee (100% supervised)**, unless hours are already on file with the department.

**NOTES:** See RCW 19.28, WAC 296-46B (Table 945-1) and WAC 296-46B-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 <http://www.lni.wa.gov/TradesLicensing/Electrical/> under Licensing, Exams & Education.
- Once we receive notice from the testing agency that you have successfully completed the exam, the department will mail your nonrenewable 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.

**IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT ELECTRICAL LICENSING STAFF AT (360) 902-5269.**

**MAIL APPLICATION AND FEE TO:**  
 Department of Labor and Industries  
 Electrical Program  
 PO Box 44460  
 Olympia, WA 98504-4460  
 www.Lni.wa.gov



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

**ENCLOSE A CHECK OR MONEY ORDER PAYABLE TO: Department of Labor and Industries**

**FEE: \$77.00**

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

Name <i>(Last, First, Middle Initial)</i>			Date of Birth
Mailing Address			Social Security Number
City	State	Zip Code	Daytime Phone <i>(Include Area Code)</i>

**Join the electrical listserv for email updates & notices at <http://listserv.wa.gov/archives/electrical.html> or by providing your email address here:**

**I am applying for a modified electrical training certificate type checked below:** *(see WAC 296-46B-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, and 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 forgoing is true and correct:**

Date	Applicant's Signature
------	-----------------------

<b>Approved?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Reason Code</u>	<u>Cross-ref. with prev. EI certificate #:</u>	<u>A/C</u>	<u>Update hours?</u>	<u>Initials</u>	<u>Date</u>
	Yes	No						



**Affidavit of Experience  
 for Modified Trainee**  
 (All experience must be obtained under 100% supervision)  
 Time frame cannot exceed 24 months per affidavit

I, \_\_\_\_\_  
PRINT Name of Authorized Electrical Contractor's Representative  
**affirm and certify that** \_\_\_\_\_  
PRINT Name of Trainee \_\_\_\_\_ Training Certificate or Social Security No. \_\_\_\_\_  
**has worked for** \_\_\_\_\_ **in the electrical construction trade**  
PRINT Name of Company \_\_\_\_\_ UBI or License Number \_\_\_\_\_  
**from** \_\_\_\_\_ **to** \_\_\_\_\_ **under 100% direct supervision of a**  
Month Day Year / Month Day Year / Year

**Journey level or specialty electrician in the category indicated below for the number of hours shown.**

- See WAC 296-46B-920 for details on scope-of-work in the electrical specialties. All training hours must be separated and submitted in the proper category.
- There can be no errors, whiteouts, alterations or additions on the form.

Hours	Category	Hours	Category
_____	(03A) Domestic Well	_____	(07C) Restricted Nonresidential Maintenance
_____	(06B) HVAC/Refrigeration-restricted	_____	(07D) Appliance Repair
_____	(07A) Nonresidential Lighting Maintenance & Retrofit	_____	(07E) Equipment Repair
_____	(07B) Residential Maintenance	_____	(10) Door, Gate, and Similar Systems

**I hereby certify that the statements on this affidavit are true and accurate to the best of my knowledge.  
 (See chapter 19.28 RCW and chapter 296-46B WAC for penalties for false statements or material misrepresentations.)**

**Date** \_\_\_\_\_ **Signature of Authorized Electrical Contractor's Representative** \_\_\_\_\_

**SIGNATURE MUST BE NOTARIZED**

NOTARY  
SEAL

SUBSCRIBED AND SWORN TO BEFORE ME THIS	MY COMMISSION EXPIRES ON:
DATE:	
NOTARY PUBLIC IN AND FOR THE STATE OF:	RESIDING AT:

NOTARY SIGNATURE \_\_\_\_\_

**I hereby certify that the statements on this affidavit are true and accurate to the best of my knowledge and request that these hours be credited to my electrical training file. I acknowledge that the department may deny this affidavit and subtract up to 2000 hours from my total training hours, if I make a false statement or misrepresentation of my hours on this affidavit.**

**Date** \_\_\_\_\_ **Signature of Applicant** \_\_\_\_\_

**SIGNATURE MUST BE NOTARIZED**

NOTARY  
SEAL

SUBSCRIBED AND SWORN TO BEFORE ME THIS	MY COMMISSION EXPIRES ON:
DATE:	
NOTARY PUBLIC IN AND FOR THE STATE OF:	RESIDING AT:

NOTARY SIGNATURE \_\_\_\_\_

<b>Approved?</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Yes	No	Reason Code	Initials	Date	