

Electrical Licensing and Certification
PO Box 44460
Olympia WA 98504-4460
www.Lni.wa.gov/Electrical

This application is for individuals who gained their electrical work experience while working in Washington.

If you are qualifying with out of state work experience, use form [F626-009-000](#).

Applications received without all the information requested will be denied.

Complete the checklist below to assure your application can be accepted:

Yes

Requirements for (01) Exam Candidates

- I am a registered apprentice - My record in www.lni.wa.gov/ARTS reflects I have completed 720 RSI hrs. and at least 8000 OJT hrs. (Contact your Apprenticeship Training Director if your record is not accurate.)
- OR
- I am not a registered apprentice - Until July 1, 2026, I know that I can qualify for an (01) exam without being a registered apprentice if L&I receives my application and supporting information before July 1, 2026.

Yes

General Requirements

- I know I can view my approved affidavit hours of experience at: www.lni.wa.gov/Verify
- I have completed all fields of the application.
- I have signed and dated the application in the Applicant's Signature block.
- I have previously submitted affidavits, I have enough hours to qualify. **OR**
- I am including affidavits of experience with my application
- I am submitting this sheet with my application**

Notes:

You will be notified by mail if your application is approved or denied.

If your application is approved, L&I will mail you an approval letter with information about how to contact the exam provider. Follow the instructions in the letter to schedule your examination.

Learn more about exams: www.lni.wa.gov/ElectricalExamInfo

See [RCW 19.28.191](#) and [WAC 296-46B-945](#) for additional information on qualifying.



In-State Application for Electrical Examination

Mailing address:
Electrical Licensing and Certification
PO Box 44460
Olympia WA 98504-4460
www.Lni.wa.gov/Electrical
Use certified mail to track receipt

Enclose a check or money order payable to Department of Labor and Industries for \$95.20.

Applicant Information

Name (Last, First, Middle Initial)			Date of Birth
Mailing Address			Social Security Number <i>(for ID only)</i>
City	State	Zip Code	Daytime Phone <i>(include area code)</i>
Email Address			

I am applying for the Electrical Examination for the certificate type checked below:

(See [WAC 296-46B-920](#) for scope-of-work details)

- | | |
|--|---|
| <input type="checkbox"/> (01) General | <input type="checkbox"/> (07) Nonresidential Maintenance |
| <input type="checkbox"/> (02) Residential | <input type="checkbox"/> (07A) Nonresidential Lighting Maintenance & Retrofit |
| <input type="checkbox"/> (03) Pump and Irrigation | <input type="checkbox"/> (07B) Residential Maintenance |
| <input type="checkbox"/> (03A) Domestic Well | <input type="checkbox"/> (07C) Restricted Nonresidential Maintenance |
| <input type="checkbox"/> (04) Signs | <input type="checkbox"/> (07D) Appliance Repair |
| <input type="checkbox"/> (06) Limited Energy System | <input type="checkbox"/> (07E) Equipment Repair |
| <input type="checkbox"/> (06A) HVAC/Refrigeration | <input type="checkbox"/> (10) Door, Gate, and Similar Systems |
| <input type="checkbox"/> (06B) HVAC/Refrigeration – Restricted | |

Select “YES” or “NO” to the following questions:

- Have you previously been a Washington certified electrician or electrical trainee? Yes No
- Is this your first application for a Washington electrician exam? Yes No

All applications and documents submitted must be originals and become the property of the department.

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