State of California
DIR – Labor Standards and Enforcement
www.dir.ca.gov/dlse/ecu/ElectricalTrade.html
Electrician Certification Program
Phone (510) 286-3900

DL State	Driver's License#_			
Payment	Amount \$			
Date of B	irth (MM/DD/YYYY)	_/_	/	

Application for Electrician Exam Retest

Please **PRINT** or **TYPE** all information in **INK** Last Name: _____ First Name: _____ MI: ____ Name must match U. S. Drivers License or State ID: Mailing Address: Day Phone: (____)___-__ Email: Retest Exam Language Selection (check one): English Spanish RETEST of Exam(s) Taken but Not Passed OR RETEST of Certification RENEWAL Exam \Box R Check Exam(s) not passed: | G Date(s) taken: ECP Tracking Nbr(s) (if known): Attach Exam Fee of \$100 per Exam. You must wait 60 days to retest an examination. **G** = General **R** = Residential **F** = Fire/Life Safety **V** = Voice Data Video **L** = Nonresidential Lighting RETEST of Exam(s) Scheduled but not Taken Check Exam(s) not taken: G R F V Date(s) scheduled: ECP Tracking Nbr(s) (if known): Attach a Processing Fee of \$75 PLUS an Exam Fee of \$100 per Exam. Any retest must be taken within 1 year from the date of notification of eligibility to take the original examination. I certify under penalty of perjury that all statements and attachments are true and correct. Signature: Date: Submit form with **original** signature and keep a copy for your records.

Incomplete or inaccurately paid forms will NOT be approved.

Exact payment by check or money order must be payable to 'DIR - Electrician Certification Fund'.

Mail this completed form with all required attachments to:

DIR-Division of Labor Standards Enforcement Attn: Electrician Certification Unit PO Box 511286 Los Angeles, CA 90051-7841

(For Office Use) Approved by:	_ Date:	Form DLSE-ECF3 (3-2015)