

Print

Clear



State of California
Department of Industrial Relations
Division of Apprenticeship Standards
www.dir.ca.gov/DAS/ElectricalTrade.htm
Electrician Certification Program

REQUEST FOR REPLACEMENT CERTIFICATION CARD

OR REPORT OF ADDRESS CHANGE

Name: Last: Sfx: First: Initial:

Name must match U. S. Drivers License or State ID:

Drivers License or State ID #: D/L State: Birthdate:

Please PRINT or type all information in INK

MM DD YYYY

Card #: E- E- E- (print affected card numbers)

Mailing Address:

City: County:

State: Zip: E-Mail:

Day Phone: Evening Phone:

Check one box Only:

- 1 Address / phone change only (No name change) - Information is above - No new card - No fee
2 Mistake / Misprint on card - Replace with changes indicated below - No fee if approved
3 Lost / Stolen card - Replace with duplicate - Fee is \$30.00 for each card, payable as below
4 Name Change - Replace with new name below - Fee is \$30.00 for each card, payable as below

Name on card is wrong - Correct / New name is:

Certificate start or end date(s) wrong - Should be:

Also check this box if Address has changed (for boxes 2, 3, 4)

Note - You also need to attach to this request:

If box 1 is checked, just sign, date, and mail this form.

If box 2 or 4 is checked, attach the current card(s) with the incorrect information.

If box 3 or 4 is checked, attach payment totaling \$30 for each card (non-refundable).

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 requests 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:

Division of Apprenticeship Standards
Attn: Electrician Certification Unit
PO Box 420603
San Francisco, CA 94142-0603

(For Office Use) Approved by: Date: Form DAS-ECF2 (09/2011)