

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: _____

City: _____ State: _____ Zip: _____ - _____

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

Check Exam(s) not passed: ☐ G ☐ R ☐ F ☐ V ☐ L

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 ☐ L

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:

Division of Labor Standards Enforcement Attn: Electrician Certification Unit
PO Box 101331 Pasadena, CA 91189-0005