Renewal Application for Electrician Certification

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:S	state:	Zip:			
Day Phone: ()	Email:				
Type of Certification Examination Requested (check one or more):					
[] General Electrician	Reside	ential Electrician	I Fire/Life Safety T	echnician	
Voice Data Video Technician Nonresidential Lighting Technician					

GENERAL INSTRUCTIONS

Please fill in the information above and complete a section below. Check the appropriate boxes.

A separate renewal application for each classification of certification is required. Keep a copy of this signed application will all documents for your records. ECU will respond to your application within 30 days upon receipt. Please make checks payable to DIR-Electrician Certification Fund. Payment must be included for the Certification to be renewed. Mail this completed form and payment to:

State of California

Division of Labor Standards and Enforcement – Electrician Certification Unit

PO Box 101331 Pasadena CA 91189-0005

 SECTION I – ALL Timely Certification Renewals (must have first 3 boxes checked AND Proof of CE) (1) Enclose \$100.00 renewal fee. (Required for timely submissions and card will be received within 2 weeks.) (2) Check here to verify that you have completed 32 hours of further electrical education from an educational provider relevant to the type of certification being renewed, and attach a copy of your completion hours. (If not, you do not qualify to RENEW timely and must retake the exam by marking box #4 and attach a \$200.00 fee) 				
School Name(s):	City:			
School Name(s):	City:			
School Name(s):				
	at least 2,000 hours in the industry in previous 3 years. qualify to RENEW timely and must retake the exam by marking box			
SECTION II – Renewal of EXPIRED Certification or Retake of Exam				
(4) Enclose \$200.00 exam fee to retake exam due to lapsed card or due to not meeting the first 3 requirements above. Please check language choice when retaking the exam. ECU will notify you in writing of the next step.				
Language Choice for RENEW	AL EXAM:EnglishSpanish			
I certify under penalty of perjury that all statements and attachments are true and correct.				

Signature: _____ Date: _____

(For Office Use) Tracking Nbr: