

Request for **Replacement Certification Card**  
**OR**  
**Report of Address Change**

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: \_\_\_\_\_

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

**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 and attach government document

**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:

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