



**State of California**  
**Department of Industrial Relations**  
**Division of Apprenticeship Standards**  
[www.dir.ca.gov/DAS/ElectricalTrade.htm](http://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)