



State of California
Department of Industrial Relations
Division of Apprenticeship Standards
www.dir.ca.gov/DAS/ElectricalTrade.htm
Electrician Certification Program
 Phone (415) 703-4919

ELECTRICIAN EXAM RETEST FORM

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

Mailing Address: _____

City: _____ County: _____

State: _____ Zip: _____ - _____ E-Mail: _____

Day Phone: _____ Evening Phone: _____

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

(For Office Use) Approved by: _____ Date: _____ Form DAS-ECF3 (09/2011)