



## **RENEWAL APPLICATION FOR ELECTRICIAN CERTIFICATION**

**Please PRINT in Ink or TYPE**

**Name: Last:** \_\_\_\_\_ **Sfx:** \_\_\_\_\_ **First:** \_\_\_\_\_ **Initial:** \_\_\_\_\_

*Name must match U. S. Drivers License or State ID:*

**Drivers License or State ID #:** \_\_\_\_\_ **D/L State:** \_\_\_\_\_ **Birthdate:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **County:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ - \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Day Phone:** \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ **Evening Phone:** \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

**Certificate Type:**    \_\_\_ General Electrician    \_\_\_ Residential Electrician    \_\_\_ Fire/Life Safety Technician  
                                  \_\_\_ Voice Data Video Technician    \_\_\_ Non-residential Lighting Technician

### **GENERAL INSTRUCTIONS**

Please fill in the information above and complete one or both of the sections below – ‘**ALL Certification Renewals**’ and, if needed, ‘**ALSO Required for Renewal of EXPIRED Certification**’.  
**Please fill out a separate renewal application for each category of certification you are renewing.** Keep a copy of this signed application for your records. DAS will respond to your application within 30 days of receipt. DAS accepts payment only by check or money order payable to: **DIR – Electrician Certification Fund**. Payment must be included for certification to be renewed. Mail this completed form and payment to:

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

### **ALL Certification Renewals**

- Enclose \$100.00 renewal fee. (This is required for Valid and Expired Certificates).
- 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. **You MUST attach proof of completion by providing a copy of your Certificate(s) of Completion of 32 hours. (If not, you do not qualify to RENEW your certification).**

School Name(s): \_\_\_\_\_ City: \_\_\_\_\_

School Name(s): \_\_\_\_\_ City: \_\_\_\_\_

School Name(s): \_\_\_\_\_ City: \_\_\_\_\_

- Check here to verify that you have worked at least 2,000 hours in the industry in the previous 3 years. **(If not, you do not qualify to RENEW your certification).**

### **ALSO Required for Renewal of EXPIRED Certification**

- Enclose \$100.00 exam fee to retake examination and check language choice. DAS will notify you in writing of the next step.

**Language choice for RENEWAL EXAM:** \_\_\_\_\_ English \_\_\_\_\_ Spanish

**I certify under penalty of perjury that all statements are true and correct.**

**Original Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_