



DEPARTMENT OF INDUSTRIAL RELATIONS
 DIVISION OF APPRENTICESHIP STANDARDS
 ELECTRICIAN CERTIFICATION UNIT
 ATTN: LUISA MARTINEZ
 PO BOX 420603
 SAN FRANCISCO, CA 94142
 (415) 703 4919

ELECTRICIAN CERTIFICATION COMPLAINT REFERRAL FORM (LABOR CODE 3099.2)

COMPLAINANT				C-10 CONTRACTOR INFORMATION						
Name				Contractor Name		Prime	<input type="checkbox"/>	Sub	<input type="checkbox"/>	
Agency or Company				DBA						
Address				Address						
City	County	State	Zip Code	City	County	State	Zip Code			
Phone		E-Mail		License No.	Employees? Yes		<input type="checkbox"/>	No	<input type="checkbox"/>	
						If Yes, How Many				
PROJECT INFORMATION (if available)										
Owner of Construction Site/Awarding Body				Project Street Address						
Street Address				City			State	Zip Code		
City	State	Zip Code	Type of Work							
			Public Works	<input type="checkbox"/>	Commercial	<input type="checkbox"/>	Residential	<input type="checkbox"/>		
Phone:										
Nature of Referral: (LC 3099.2):										
Uncertified Electrician <input type="checkbox"/>				Lack of Supervision <input type="checkbox"/>						
Other:				Apprentice <input type="checkbox"/>		Electrician Trainee <input type="checkbox"/>				
Comments:										

NON-CERTIFIED EMPLOYEE(S) INFORMATION (Please list additional names of employees as an attachment)

EMPLOYEE NAME:		
Last:	Middle:	First:
Birthdate:	Drivers License/State:	
SSN:	Approved Apprenticeship Program:	
Last:	Middle:	First:
Birthdate:	Drivers License/State:	
SSN:	Approved Apprenticeship Program:	
Last:	Middle:	First:
Birthdate:	Drivers License/State:	
SSN:	Approved Apprenticeship Program:	

FOR OFFICE USE ONLY				
Complaint No.	Date Received	Special Project	ER Initials	Date Assigned
Position	Date Closed	License No.	Sections Violated	

Signature: _____ Date: _____