

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 – 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