



**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**  
 Phone (415) 703-4919



**RETEST OF CERTIFICATION RENEWAL EXAM 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: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

**Please PRINT or type all information in INK**

Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Day Phone: \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ Evening Phone: \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

Retest Exam Language Selection (check one):  English  Spanish

**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

*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**