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: ___ / ___ / ______

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

(For Office Use) Approved by: ___________________________ Date: ________________ Form DAS-ECF3 (10/2008)