

Application for Electrician Exam Retest

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: _____

Retest Exam Language Selection (check one): English Spanish

RETEST of Exam(s) Taken but Not Passed OR RETEST of Certification RENEWAL Exam Check Exam(s) not passed: <input type="checkbox"/> G <input type="checkbox"/> R <input type="checkbox"/> F <input type="checkbox"/> V <input type="checkbox"/> 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.
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G = General **R** = Residential **F** = Fire/Life Safety **V** = Voice Data Video **L** = Nonresidential Lighting

RETEST of Exam(s) Scheduled but not Taken Check Exam(s) not taken: <input type="checkbox"/> G <input type="checkbox"/> R <input type="checkbox"/> F <input type="checkbox"/> V <input type="checkbox"/> L Date(s) scheduled: _____ ECP Tracking Nbr(s) (if known): _____ Attach a Processing Fee of \$75 PLUS an Exam Fee of \$100 per Exam .
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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:

DIR-Division of Labor Standards Enforcement Attn: Electrician Certification Unit
PO Box 511286 Los Angeles, CA 90051-7841