



Affidavit of Experience

(Time frame cannot exceed 24 months per affidavit)

Update fee of \$51.20 required if not submitted with renewal

Please read this information before completing the affidavit form below:

- There can be no errors, whiteouts, alterations or additions on this form and you must submit the original. Print clearly.
- The department cannot credit hours worked during any times that the electrical training certificate or electrical contractor license were not active. Do not report any such hours on the affidavit. Each time frame requires a separate affidavit.
- An affidavit needs to be filled out for each continuous time frame of hours worked. If the trainee stops doing electrical work for any period of time, that time frame ends and a new one begins. Each time frame requires a separate affidavit.
- See [WAC 296-46B-920](#) about scope-of-work for electrical specialties. All training hours must be separated and submitted in the proper category.
- Work in the (01) category requires supervision by a (01) journey level electrician in a ratio of 1 electrician to 1 trainee.
- Work in the specialty categories requires supervision by a journey level or specialty electrician in a ratio of 1 electrician to 2 trainees.
- If the experience is from out of state, you must provide verification of your experience as defined in [WAC 296-46B-945](#) (7-10).
- Electrical training hours gained in specialties requiring less than 4,000 hours (2 years) for certification may not be credited toward qualification for journey level electrician. See [WAC 296-46B](#) Table 945-1 for details.

I _____ **affirm and certify that**
 PRINT Name of Administrator/Master Electrician, Authorized Electrical Contractor's Representative or Approved Training Director
 _____ **has worked in Washington as an employee of**
 PRINT Name of Trainee _____ Training Certificate or Social Security No. _____
 _____ **performing electrical installations inspected**
 PRINT Name of Company or Training Program _____ UBI or License Number _____
under RCW 19.28 continuously from _____ **to** _____ **and that the work was performed**
 _____ **with** **75% or** **100% direct supervision under a Washington certified journey level, master or specialty electrician, in the**
 _____ **category and the number of hours indicated below.**

Hours	Category	Hours	Category
_____	(01) (General) Commercial/New Industrial	_____	(07) Non-residential Maintenance
_____	(02) Residential	_____	(07A) Non-residential Lighting Maintenance
_____	(03) Pump and Irrigation	_____	(07B) Residential Maintenance
_____	(03A) Domestic Well	_____	(07C) Restricted Non-residential Maintenance
_____	(04) Signs	_____	(07D) Appliance Repair
_____	(06) Limited Energy System	_____	(07E) Equipment Repair
_____	(06A) HVAC/refrigeration Limited Energy	_____	(10) Door, Gate, and Similar Systems
_____	(06B) HVAC/refrigeration - Restricted		

I hereby certify that the statements on this affidavit are true and accurate to the best of my knowledge. I acknowledge that the department may issue citations for false statements or material misrepresentation, per [RCW 19.28](#) & [WAC 296-46B](#).

Date _____ Signature of Administrator/Master Electrician, Authorized Electrical Contractor's Representative or Approved Training Director _____

Notary Seal	Subscribed and sworn to before me this date	My commission expires
	Notary public in and for the State of _____	Residing at _____

Notary Public Signature _____
 I hereby certify that the statements on this affidavit are true and accurate to the best of my knowledge and request that these hours be credited to my electrical training file. I acknowledge that the department may deny this affidavit, issue citation, and subtract up to 2000 hours from my total hours of experience, if I make a false statement or misrepresent the hours on this affidavit, per [RCW 19.28](#) & [WAC 296-46B](#).

Date _____ Signature of Applicant _____

Notary Seal	Subscribed and sworn to before me this date	My commission expires
	Notary public in and for the State of _____	Residing at _____

Notary Public Signature _____

L&I Use Only
 Approved Yes No _____ **Lapse** _____ - _____
 _____ **Reason Code** _____ **From** _____ **To** _____ **A/C** _____ **Initials** _____ **Date** _____