



**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**

**ET**  
**Electrician**  
**Trainee**

**APPLICATION FOR NEW REGISTRATION OF**  
**= ELECTRICIAN TRAINEE =**

Name: Last: \_\_\_\_\_ Sfx: \_\_\_\_\_ First: \_\_\_\_\_ Initial: \_\_\_\_\_

Other names as Electrician within previous 5 years: \_\_\_\_\_

Drivers License or State ID #: \_\_\_\_\_ D/L State: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

MM DD YYYY

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Day Phone: \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ Evening Phone: \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

[Optional] **Current Electrical Employer** (if any) to complete this box:

I attest under penalty of perjury that this Electrician Trainee shall be under the direct supervision of an electrician certified pursuant to Section 3099 who is responsible for supervising no more than one Electrician Trainee.

Employer Name (signature): \_\_\_\_\_

Employer Name (printed): \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

C.S.L.B. C10 License No.: | \_\_\_\_\_ | Phone No.: \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

**Electrician Trainee** to enter school number and name:

I certify that I am enrolled in the Approved Curriculum of classwork at: **Approved School No.:** | \_\_\_\_\_ |

**Approved School Name** (printed): \_\_\_\_\_

Attach copies of the Enrollment forms in an Approved Curriculum

Attach exact payment of \$25.00 by check or money order payable to 'DIR – Electrician Certification Fund'.  
This registration must be renewed annually until you become certified or leave the trade.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I certify under penalty of perjury that all statements and attachments are true and correct.*

Keep a copy of this signed application and all attachments for your records.  
 Incomplete or inaccurately paid applications will NOT be approved.  
 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**