



**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**

**E T**  
**Electrician**  
**Trainee**

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

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**

MM DD YYYY

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

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**NOTE: You must attach a copy of the Enrollment or Completion form in an Approved Curriculum or this application will not be processed.**

Check **one box** and **enter school number** and **name** below:

I certify that I  am Enrolled in or  have Completed an Electrician Trainee Approved Curriculum at:  
 (Use the School Number listed on our web site at [www.dir.ca.gov/das/listofapprovedschools.html](http://www.dir.ca.gov/das/listofapprovedschools.html).)

**School No.:** \_\_\_\_\_ **School Name (printed):** \_\_\_\_\_

**Current Electrical Employer (if any) Name:** \_\_\_\_\_

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

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

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

This registration must be **renewed annually** until you become certified or leave the trade.

*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 applications will NOT be approved.

Attach exact payment of **\$25.00** by check or money order 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**