



State of California
 Department of Industrial Relations
 Division of Apprenticeship Standards
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.)

School No.: 154 School Name (printed): Associated Builders and Contractors, Golden Gate Chapter

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