

DL State _____	Driver's License # _____
State _____	State ID# _____
Date of Birth: (mo/day/yyyy) ____/____/____	
Payment Amount \$ _____	
ET#: T _____	

**APPLICATION FOR RENEWAL OF REGISTRATION OF  
ELECTRICIAN TRAINEE**

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

**Name must match U. S. Drivers License or State ID:**

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

Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**NOTE: You must attach a current proof of enrollment and an unofficial transcript or verification of completion of courses during the prior year 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 website at <http://www.dir.ca.gov/dlse/ECU/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.: \_\_\_\_\_  
Hours: \_\_\_\_\_ (Hours of experience with this employer.)

**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 applications will NOT be approved. There is no fee for Electrician Trainee annual renewal. 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**