

## State of Rhode Island RI Department of Labor and Training

#### Division of Workforce Regulation and Safety, Professional Regulations Unit 1511 Pontiac Avenue, Building 70, Cranston, RI 02920-0943 Phone: (401) 462-8580 | www.dlt.ri.gov/profregs



#### **ELECTRICIAN APPLICATION INSTRUCTIONS — PLEASE READ CAREFULLY**

Applications that are incomplete or missing required documents will not be processed and will be returned to the applicant.

- 1. Submit a legible copy of government-issued identification (e.g., Driver's license or Passport) must be attached to the application.
- 2. A completed application, signed and **notarized** (see last two (2) pages of this packet).
- 3. A non-refundable application processing fee of \$75.00, in the form of a check or money order made payable to the R.I. Department of Labor & Training, is required. (Credit card payments are accepted in person only.)
- 4. A separate, **notarized** statement, on **company letterhead**, signed by your present or past employer, that should include a detailed list describing all work-related experience.
- 5. All Rhode Island Electrical Contractor tests require verification of experience in their respective trade for at least six (6) years and the possession of a Rhode Island Journeyperson's license. The Electrical Journeyperson's License must be valid for at least two (2) years prior to applying for a contractor's examination.
- 6. All Electrical Journeypersons Tests require verification of at least four (4) years of experience in their respective trade and 576 hours of related instruction approved by the Department of Labor and Training.
- 7. A valid copy of your out-of-state Electrician Trade License and an official license verification from your respective state. Note that computer printouts of verification trade licenses will not be accepted as proof.
- 8. For all Rhode Island Indentured Apprenticeship Journeyperson Testing Only:

  Certificate of Completion of Apprenticeship issued by the RI Department of Labor & Training Apprenticeship Office is required for all Indentured Apprentices applying for Electrician journeyperson exams. The Apprentice Completion form can be obtained at: <a href="https://dlt.ri.gov/employers/register-apprenticeship/manage-your-program">https://dlt.ri.gov/employers/register-apprenticeship/manage-your-program</a>
- 9. All Electrician apprentices must submit a **notarized** letter on **company letterhead** with date of hire and job descriptions.
- 10. All Electrician apprentices must complete the ratio sheet by Master Electrician and must be signed.

Recommended Study Material: <a href="https://dlt.ri.gov/study-material">dlt.ri.gov/study-material</a>

View your application status online: <a href="https://dlt.ri.gov/profregsonline/ApplicationStatus">dlt.ri.gov/profregsonline/ApplicationStatus</a>

Ratio sheet: dlt.ri.gov/sites/g/files/xkgbur571/files/2024-08/Company Ratio.pdf



# RI Department of Labor and Training Workforce Regulation and Safety



#### THIS IS AN IMPORTANT NOTICE

If you do not understand the enclosed notice, please contact this office in the RI Department of Labor and Training, Division of Workforce Regulation and Safety to speak with a Spanish interpreter. Spanish interpreters are available to assist you. If you are attending a hearing, you cannot use your own interpreter. The Division of Workforce Regulation and Safety will provide an interpreter for you. It is important that you call the Division of Workforce Regulation and Safety at (401) 462-8580 at least seven (7) days prior to your hearing to request an interpreter.

The Division of Workforce Regulation and Safety is responsible to provide interpreter services at no cost to you. You are responsible for requesting these services in accordance with the procedures outlined in this notice.

#### **PLEASE NOTE:**

Interpreters are available to assist customers in languages other than Spanish. Please contact the Division of Workforce Regulation at (401) 462-8580 to request an interpreter or written translation in a language other than Spanish.



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## **Non-Refundable Processing Application Fee**

	Computer Code	Application Fee	2 Year License Fee*
ELECTRICIANS:			
Electrical Contractor A	21	\$75	\$240
Corporation Electrical Contractor AC	32	NO TEST	\$200
Limited Electrician /			
Manufacturers C	23	NO TEST	\$240
Limited Electrician /			
Non-Manufacturers D	24	NO TEST	\$240
Burner Contractor E	25	\$ 75	\$240
Corporation Oil Burner Contractor EC	33	NO TEST	\$200
Burner Person License F	26	\$75	\$72
Fire Alarm Contractor AF (FIRE)	30	\$75	\$240
Corporation Fire Alarm Contractor AFC	34	NO TEST	\$200
Fire Alarm Installer BF (FIRE)	31	\$75	\$72
Electrical Sign Contractor SCF Electrical	28	\$75	\$240
Sign Installer CF	29	\$75	\$72
Sign Contractor Lightning Protection	35	NO TEST	\$200
Contractor LPC Lightning Protection	125	\$75	\$200
Installer LPI	126	\$75	\$72
OUT-OF-STATE APPLICANTS:			
Journeyperson Electrician B	22	\$75	\$72
Limited Maintenance Journeyperson M	124	\$75	\$72
APPRENTICES:			
Apprentices Renewal one year only			
Apprentice (Oil Burner)	27.1	NO TEST	\$20
Apprentice (Fire Alarm)	27.2	NO TEST	\$20
Apprentice (Sign Installer) Apprentice	27.3	NO TEST	\$20
(Lightning Protection)	27.4	NO TEST	\$20

<sup>\*</sup>Individuals who achieve a passing score of 70 or greater will be invoiced for the License Fee.



# State of Rhode Island RI Department of Labor and Training

## Division of Workforce Regulation and Safety, Professional Regulations Unit PO Box 20247, Cranston, RI 02920-0943

Phone: (401) 462-8580 | www.dlt.ri.gov/profregs

#### **ELECTRICIANS — APPLICATION FOR EXAMINATION AND APPRENTICESHIP**

## **Application Must be Printed CLEARLY**

Social Security Number: D	ate of Birth:		
Full Name (Last, First + Middle Initial):	•		<del></del>
Street Address:			
City/Town:		State:	Zip Code:
Home or Mobile Telephone:	Email:		
Exam Applying For:	Compu	ter Code:	
Do you need this exam in a language other than English? Yes	No	If yes, what lan	guage?
Employer:			
If Self Employed, Company Name:			
Employer Address:			
City/Town:	State:		Zip Code:
Employer Telephone:			
General Listing of Work History:	<b>.</b>	<b>() (</b> (-)	
1. Name of Employer:	Тур	e of Work:	
Dates Worked: From:	To:		
2. Name of Employer:	Тур	e of Work:	
Dates Worked: From:	To:		
3. Name of Employer:	Тур	e of Work:	
Dates Worked: From:	To:		
Education - List all education and schooling that you have received	in the electric	al trade.	
1. Location:	Deg	ree/Diploma:	
Dates Attended: From:	To:		
2. Location:	Deg	ree/Diploma:	
Dates Attended: From:	To:		
3. Location:	Deg	ree/Diploma:	
Dates Attended: From:	To:		

	•		3. Type of License:
	•		fulness of all statements on this application and these will
Tave to be sent back to tins or	Vision, property not	arized, before any acti	ion is taken on this licensing test application.
	Publi	ic Notary Ackno	wledgement
n	on the	day of	, 20 ,
before me personally appeare			to me known and known by me to be the party(ies)
executing the foregoing instru free act and deed.	ment, and he/she/t	:hey acknowledged sai	id instrument, by him/her/they executed by them as their
Applicant Signature:			Date:
Notary Signature and Seal:			Evairation Date:
S			ge with required documents to:
		sland Department of	-
	Divisio	on of Workforce Regu	lation and Safety
		Professional Regula	ition Unit
		PO Box 2024	47
		Cranston, RI 0292	20-0943
		Telephone (401) 4	62-8580
	FOR OFFICE US	SE ONLY – PLEASE DO	NOT WRITE IN THIS AREA
Test Fee Paid: CHECK	CREDIT MC	)	Division/Commission Approval for Test
Comments / Date Approved			
Date Paid:			