



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 government issued ID (IE: Driver 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 in the form of a check or money order made payable to R.I. Department of Labor & Training. (credit card 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 must possess a Rhode Island journeypersons license. Electrical Journeypersons 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 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.
8. Certificate of Completion of Apprenticeship issued by the RI Department of Labor & Training Apprenticeship Office for all Indentured Apprentices applying for an Electrician Journeyperson exams. Certify an Apprentice Completion form can be obtained at: <https://dlt.ri.gov/documents/pdf/apprenticeship/Complete.pdf>.
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 FOR THE EXAMS ARE LISTED BELOW BUT ARE NOT LIMITED TO:

a. Current National Electrical Code Book – Latest State Approved Edition Available at Any Electrical supply houses, or online at NECA (<https://www.necanet.org/store/store-front>)

b. General Trade Knowledge

View your application status online at <https://dltweb.dlt.ri.gov/profregsonline>



Non-Refundable Processing Application Fee

	Computer Code	Application Fee	Two-Year License Fee*
<u>ELECTRICIANS:</u>			
Electrical Contractor A	21	\$ 75	\$ 240
Corporation Electrical Contractor AC	32	NO TEST	\$ 200
Journeyman Electrician B	22	\$ 75	\$ 72
Limited Electrician / Manufacturers C	23	NO TEST	\$ 240
Limited Electrician / Non-Manufacturers D	24	NO TEST	\$ 240
Limited Maintenance Journeyman M	124	\$ 75	\$ 72
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 Corporation Electrical	29	\$ 75	\$ 72
Sign Contractor Lightning Protection	35	NO TEST	\$ 200
Contractor LPC Lightning Protection	125	\$ 75	\$ 200
Installer LPI	126	\$ 75	\$ 72
<u>APPRENTICES:</u>			
Apprentices Renewal one year only			
Apprentice (Oil Burner)	27.1	NO TEST	No Fee
Apprentice (Fire Alarm)	27.2	NO TEST	No Fee
Apprentice (Sign Installer) Apprentice	27.3	NO TEST	No Fee
(Lightning Protection)	27.4	NO TEST	No Fee

* Individuals who achieve a passing score of 70 or greater will be invoiced for the License Fee.

For the Apprentice Ratio Form please visit www.dlt.ri.gov/Profregs/pdfs/ApprenticeRatioSheet.pdf



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) 462-8570 or (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 or (401) 462-8570 to request an interpreter or written translation in a language other than Spanish.

AVISO IMPORTANTE

Si usted no entiende esta notificación, por favor contacte a la oficina de RI Departamento de Trabajo y Entrenamiento División de Workforce Regulation y Safety para hablar con un intérprete en Español. Interpretes en Español están disponibles para asistirle. Usted no puede usar su propio intérprete si va a asistir a una audiencia. Workforce Regulation y Safety le proveerá un intérprete a usted. Es importante que usted llame al Workforce Regulation y Safety al (401) 462-8570 o (401) 462-8580 por lo menos (7) días antes de su audiencia para solicitar un intérprete.

La División de Workforce Regulation y Safety es responsable de proveer servicios de interpretación sin costo alguno para usted. Usted es responsable de solicitar estos servicios de acuerdo con el procedimiento escrito en esta notificación.

POR FAVOR OBSERVE:

Interpretes están disponibles para asistir a clientes en idiomas, además del Español. Por favor contacte la División de Workforce Regulation, llamando al (401) 462-8580 o (401) 462-8570, para solicitar un intérprete o para traducción escrita en un idioma, además del Español.



ELECTRICIANS - Application for Examination and Apprenticeship

Application Must be Printed CLEARLY

Social Security Number: _____ Date of Birth: _____

Full Name (Last, First + Middle Initial): _____

Street Address: _____

City/Town: _____ State: _____ Zip Code: _____

Home or Mobile Telephone: _____ Email: _____

Exam Applying For: _____ Computer Code: _____

Do you need this exam in a language other than English. Yes No If yes, what language? _____

CATEGORY – Applicants must state what license is requested

Employer: _____

If Self Employed, Company Name: _____

Employer Address: _____

City/Town: _____ State: _____ Zip Code: _____

Employer Telephone: _____

Applicant must answer all questions on both pages truthfully and swear to the same before a NOTARY PUBLIC. Penalties for false information are as itemized in the General Laws of Rhode Island and Addendum. Statement may be investigated and verified for truthfulness.

General Listing of Work History:

1. Name of Employer: _____ Type of Work: _____

1. Dates Worked: From: _____ To: _____

2. Name of Employer: _____ Type of Work: _____

2. Dates Worked: From: _____ To: _____

3. Name of Employer: _____ Type of Work: _____

3. Dates Worked: From: _____ To: _____

Education - List all education and schooling that you have received in the electrical trade.

1. Location: _____ Degree/Diploma: _____

1. Dates Attended: From : _____ To: _____

2. Location: _____ Degree/Diploma: _____

2. Dates Attended: From : _____ To: _____

3. Location: _____ Degree/Diploma: _____

3. Dates Attended: From : _____ To: _____

You must list any VALID LICENSES YOU NOW HOLD with the Department of Labor and Training.

1. Type of License: _____ 2. Type of License: _____ 3. Type of License: _____

Listed employers or customers may be sent forms to attest to the truthfulness of all statements on this application and these will have to be sent back to this division, properly notarized, before any action is taken on this licensing test application.

Applicant Signature: _____ Date: _____

Notary Signature and Seal: _____ Expiration Date: _____

Submit ONLY this page and the prior page with required documents to:

Rhode Island Department of Labor and Training
Division of Workforce Regulation and Safety
Professional Regulation Unit
1511 Pontiac Avenue, PO Box 20247
Cranston, RI 02920-0943
Phone (401) 462-8580 | Fax (401) 462-8528

If you fail to pass your examination, you may request a review of the same, in writing, to the Division of Professional Regulation, within thirty (30) days of failure notice.

Equal Opportunity Employer • Auxiliary Aids and services are available upon request to individuals with disabilities. TTY via RI Relay: 711

FOR OFFICE USE ONLY – PLEASE DO NOT WRITE IN THIS AREA

Test Fee Paid CHECK CREDIT MO _____ Division/Commission Approval for Test _____

Comments / Date Approved: _____

Date Paid: _____