DL State	Driver's License #	
Date of Birth:	(mo/day/yyyy)//	
Payment Amo		
ET#: T		

APPLICATION FOR RENEWAL OF REGISTRATION OF ELECTRICIAN TRAINEE

Name: Last:	Sfx: First:	Initial:
Name must match U. S. Drivers Licer	<u>1se or State ID:</u>	
Ple	ase PRINT or type all information in INK	
Vailing Address:		
	County:	
	E-Mail:	
Day Phone:	Evening Phone:	
NOTE: You must attac	ch a current proof of enrollm	nent and an unofficial
	n of completion of courses a	
	pplication will not be proces	
Check one	e box and enter school number and nam	ne below:
certify that I am Enrolled in or	r have Completed an Electrician Trair	nee Approved Curriculum at:
Use the School Number listed on ou	ur website at http://www.dir.ca.gov/dlse/EC	U/ListOfApprovedSchools.html
	me (printed):	
	(P	
Current Electrical Employer (<u>if an</u>	y) Name:	
Address:		
City:	State:	Zip:
C.S.L.B. C10 License No.:	Phone No.:	
Hours: (Hours of ex	perience with this employer.)	
This registration must be r	enewed annually until you become ce	artified or leave the trade
	enewed anitually until you become ce	<u>er lineu or leave trie traue</u> .
l certify under penalty of p	erjury that all statements and attachme	ents are true and correct.
Pianoturo:		Data:
Signature:		Date:
	and keep a copy for your records. Incomp	
approved. There is no fee for Electri attachments to:	ician Trainee annual renewal. Mail this com	npleted form with all required

PO Box 511286 Los Angeles, CA 90051-7841

(For Office Use) Approved by: