

Electrical Trainee Log

Trainee Name:		Certificate #:		Eff. Date:	Exp. Date:
Electrical Contractor Name and License Number					
Electrical Training Hours Earned for - Month:			Year:		
Date	Hours	Detailed Description of Electrical Work (To verify type of specialty or general)	Electrical Permit #	Supervising Elect Name and Cert #	
Signature of Assigned Administrator/Master Electrician:				Date signed:	

See WAC 296-46B-975(5)-(6) for documentation required to be maintained by the employer.