

DEPARTMENT OF INDUSTRIAL RELATIONS
 DIVISION OF APPRENTICESHIP STANDARDS
 ELECTRICIAN CERTIFICATION UNIT
 ATTN: LUISA MARTINEZ
 PO BOX 420603
 SAN FRANCISCO, CA 94142
 (415) 703 4919

ELECTRICIAN CERTIFICATION COMPLAINT REFERRAL FORM (LABOR CODE 3099.2)

COMPLAINANT				C-10 CONTRACTOR INFORMATION									
Name				Contractor Name		Prime	<input type="checkbox"/>	Sub	<input type="checkbox"/>				
Agency or Company				DBA									
Address				Address									
City		County	State	Zip Code		City		County	State	Zip Code			
Phone		E-Mail		License No.		Employees? Yes		<input type="checkbox"/>	No	<input type="checkbox"/>			
						If Yes, How Many							
PROJECT INFORMATION (if available)													
Owner of Construction Site/Awarding Body					Project Street Address								
Street Address					City			State	Zip Code				
City		State	Zip Code		Type of Work								
					Public Works		<input type="checkbox"/>	Commercial		<input type="checkbox"/>	Residential		<input type="checkbox"/>
Phone:													
Nature of Referral: (LC 3099.2):													
Uncertified Electrician <input type="checkbox"/>					Lack of Supervision <input type="checkbox"/>								
Other:					Apprentice <input type="checkbox"/>			Electrician Trainee <input type="checkbox"/>					
Comments:													

NON-CERTIFIED EMPLOYEE(S) INFORMATION (Please list additional names of employees as an attachment)
 EMPLOYEE NAME:

Last:		Middle:		First:	
Birthdate:		Drivers License/State:			
SSN		Approved Apprenticeship Program			
Last:		Middle:		First:	
Birthdate:		Drivers License/State:			
SSN		Approved Apprenticeship Program			
Last:		Middle:		First:	
Birthdate:		Drivers License/State:			
SSN		Approved Apprenticeship Program			

FOR OFFICE USE ONLY					
Complaint No.	Date Received	Special Project		ER Initials	Date Assigned
Position	Date Closed	License No.	Sections Violated		