



STATE OF IDAHO DIVISION OF BUILDING SAFETY

1090 East Watertower Street, Suite 150
Meridian, Idaho 83642
800-955-3044
Toll Free Fax 877-810-2840
dbs.idaho.gov

APPLICATION TO TAKE THE JOURNEYMAN ELECTRICIAN EXAM

In order to be approved for the Idaho State Journeyman Electrician exam an apprentice must submit notarized documentation of three (3) years (a minimum of 6,000 hrs) of work experience as an **apprentice electrician** making electrical installations under the constant supervision of a qualified journeyman electrician **and** four (4) years (a minimum of 576 hrs) of approved electrical apprenticeship class room instruction.

TESTING: An applicant applying for the Journeyman Electrician exam must submit an application to the Division of Building Safety. Upon application approval, the Division of Building Safety will issue an **examination registration form** to the applicant, which must be completed by the applicant and submitted to the testing service.

FEES: **A \$15 administrative fee** must accompany this application. Once approved if an applicant does not take the examination within sixty (60) days of approval, he/she must reapply to the Division of Building Safety. Payment to the Division of Building Safety may be made in the form of a personal check, money order or cashier's check.

A CLEAR COPY OF YOUR CURRENT PICTURE IDENTIFICATION MUST ACCOMPANY THIS APPLICATION.

APPLICATIONS WILL NOT BE ACCEPTED UNLESS COMPLETELY FILLED OUT, SIGNED, NOTARIZED, AND ACCOMPANIED BY THE \$15 ADMINISTRATIVE FEE.

FOR DBS USE ONLY
APPROVAL : _____
DATE : _____



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APPLICATION TO TAKE THE JOURNEYMAN ELECTRICIAN EXAM

Name: _____

State of Idaho Apprentice Registration Number: _____

Social Security Number: _____

Mailing Address: _____
Street, Box, or Route

City _____ State _____ Zip Code _____

Telephone Number: _____ Cell Phone Number: _____

E-Mail Address: _____

PUBLIC RECORDS NOTICE - Please be advised that the address and phone number provided by the applicant on this form is considered by the Division of Building Safety as the official business address and phone number of the applicant, and as such is regarded as a public record. Accordingly, pursuant to applicable state law, such information may be disclosed to members of the public upon proper request. The provision of any address and phone number by applicants, including personal addresses and phone numbers, along with the submission of this application form is deemed by the Division of Building Safety as consent by the applicant to the possible disclosure of such information.

As an applicant for the Idaho Journeyman exam I understand that I must:

Maintain a current Electrical apprentice registration.

Work under the constant on-the-job supervision of a licensed journeyman until I receive a State of Idaho Electrical Journeyman license.

THIS APPLICATION MUST BE SIGNED AND NOTARIZED

I, _____, being first duly sworn, do hereby certify that the above statements are true and correct.

Signature of Applicant

THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC

Subscribed And Sworn To Before Me This _____ Day Of _____, 20 _____

NOTARY PUBLIC FOR: _____

COMMISSION EXPIRES : _____



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EMPLOYER'S VERIFICATION FORM

THIS PAGE MAY BE COPIED AS NECESSARY FOR MORE THAN ONE EMPLOYER.

Applicant Name _____

Dates of Verification: _____
From: _____ To: _____

Total hours doing electrical work for this employer for the time period noted above: _____

Type of Work: Residential _____
Industrial _____
Commercial _____

THIS APPLICATION MUST BE SIGNED AND NOTARIZED

This work was performed under the direct supervision of:

Supervising Journeyman Electrician: _____ License Number: _____

Name of Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Fax Number: _____ Telephone Number: _____

Electrical Contractor License Number: _____

Signature _____
(Electrical Supervisor of the Electrical Contractor's License)

THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC

Subscribed And Sworn To Before Me This _____ Day of _____, 20 _____

NOTARY PUBLIC FOR: _____

COMMISSION EXPIRES: _____