HVC-L01
1/23/06

STATE OF IDAHO
DIVISION OF BUILDING SAFETY
HVAC BUREAU
1090 E. WATERTOWER ST.
MERIDIAN, ID 83642
(208) 334-6180
dbs.idaho.gov

EMPLOYER'S VERIFICATION FORM

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

Applicant Name _____

Dates of Verification: _____
From: To:

THIS VERIFICATION MUST BE SIGNED AND NOTARIZED

The Applicant named above was employed by our company performing HVAC Installations.

Name of Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Fax Number: _____ Telephone Number: _____

Contractor License Number: _____

_____
Signature of Employer

THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC

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

_____

NOTARY PUBLIC FOR: _____

COMMISSION EXPIRES: _____