



## **APPLICANT'S INSTRUCTIONS AND INFORMATION**

(Please read carefully prior to completing application)

1. **LICENSE ACT**                      Applicant shall become familiar with the provisions of Title 54, Chapter 45, Idaho Code, "The Public Works Construction Management Licensing Act."
2. **APPLICATION FORM**                      The application form provided shall be complete IN ALL DETAILS, type-written or printed clearly.
3. **NAME OF APPLICANT**                      Applicant's name shall appear on Page 1 of the application form. The License Certificate will be issued in the name of the applicant as shown on the application.
4. **FEE**    The license fee is \$200. All checks shall be made payable to DBS - Public Works Contractor
5. **EDUCATION and/or EXPERIENCE**                      The Public Works Construction Management Licensing Act, 54-4505, requires that you hold a Bachelor's Degree in architecture, engineering or construction management from a college or university that has an educational program in architecture, engineering or construction management, as the case may be, accredited by a national accrediting organization; and, that s/he has (a) a minimum of four (4) years' experience in managing construction projects; or (b) has a minimum of five (5) years' experience in managing construction projects.
6. **TRANSCRIPTS**                              Official transcripts are to be submitted with your application or they may be sent directly to the bureau by the school.
7. **STANDARD LETTER OF REFERENCE**                      Your work experience must be verified by the Standard Letters of Reference. Please send one to each of your project supervisors or client contacts. You must submit at least three (3) Standard Letters of Reference.
8. **AFFIDAVIT**                                      The applicant's affidavit shall be signed, sworn and notarized.
9. **EXAMINATIONS**                              All applicants are required to take and pass both written examinations.
10. **ADA COMPLIANCE**                              In compliance with the Americans with Disabilities Act, individuals who need special services that may require special needs should identify themselves. For assistance and further information, call the ADA representative at (208) 334-4057. If individuals ask for assistance in accommodating disabilities, they should be accommodated as much as is reasonably justifiable.

## EDUCATION

Complete this section beginning with the highest degree or diploma attained. List only those programs in which you completed academic requirements at an accredited college or university and were awarded a degree or diploma.

Please complete the information below for the degreed program(s) through which you intend to fulfill the educational requirements for licensing. **Your official transcripts of degree completion must be submitted to the Board as part of the application process.**

Degree	Year	Name of Institution Location (City/State)	Major
_____	_____	_____ _____	_____
_____	_____	_____ _____	_____
_____	_____	_____ _____	_____

### PRIOR WORK EXPERIENCE

Each applicant must meet the requirement of a minimum of four (4) years of verifiable, responsible-in-charge construction management experience. An additional one (1) year of construction management experience in the general construction industry is required of applicants *without* a four-year college degree.

No degree: Five (5) years' experience managing construction projects

Complete the following section beginning with your most recent employment. Please include all prior work experience that you believe contributes to meeting the qualifications for construction manager.

Employer/Client	_____
Employer/Client Address	_____
City,State,Zip	_____
Supervisor/Contact Name	_____
Employment Period	_____ to _____
Job Title and Description	_____

Employer/Client	_____
Employer/Client Address	_____
City,State,Zip	_____
Supervisor/Contact Name	_____
Employment Period	_____ to _____
Job Title and Description	_____

Employer/Client	_____
Employer/Client Address	_____
City,State,Zip	_____
Supervisor/Contact Name	_____
Employment Period	_____ to _____
Job Title and Description	_____

Employer/Client	_____
Employer/Client Address	_____
City,State,Zip	_____
Supervisor/Contact Name	_____
Employment Period	_____ to _____
Job Title and Description	_____

Employer/Client	_____
Employer/Client Address	_____
City,State,Zip	_____
Supervisor/Contact Name	_____
Employment Period	_____ to _____
Job Title and Description	_____

**APPLICANT'S AFFIDAVIT**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The undersigned, being duly sworn, deposes and says that he/she has familiarized him/herself with the provisions of the Public Works Construction Management Licensing Act, has read the instructions and information contained herein; that the foregoing is a true statement of facts concerning the individual herein named, as of the date indicated; that the answers to the foregoing questions are true; and that any educational institution or reference herein named is hereby authorized to supply the Public Works Contractor Licensing Bureau, or its agent, with any information necessary to verify this statement.

\_\_\_\_\_  
Applicant's Complete Name (please print)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Sworn to before me this date

Seal of Notary Public

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Residing at:

\_\_\_\_\_  
Expiration Date: