APPLICATION FOR ELECTRICAL JOURNEYMAN LICENSE

In order to qualify for the Electrical Journeyman exam for licensure an applicant must:

- Submit a completed notarized application (included) and $15.00 (non-refundable) fee.
- Submit proof of completion of four (4) years of approved electrical apprenticeship school and notarized documentation of four (4) years (minimum of 8,000 hours) of work experience (form included).

**OR** -
- Submit notarized documentation of eight (8) years (minimum of 16,000 hours) of verified work experience (form included).

**OR** -
- **In-state apprentices only**: Submit proof of completion of four (4) years of approved electrical apprenticeship school and notarized documentation of a minimum of 6,000 hours of work experience as an Idaho Electrical Apprentice (form included). If using this method to qualify, you will need to submit your additional hours, for a total of four (4) years (a minimum of 8,000 hours) of work experience, after passing the exam in order to receive the license.

*All installations performed must have been made under the constant supervision of a licensed Electrical Journeyman/Master.

Upon application approval:
- Approval will be sent by email to the email listed on the application. Please see our “Exams” tab on our website for further information and for a copy of the Exam Bulletin.

In order to qualify for the Electrical Journeyman reciprocal license an applicant must:

- Submit a completed application (included), the $15 (non-refundable) application fee, and the $55.00 licensing fee.
- Submit a copy of your current Electrical Journeyman license. This license must have been issued after passing the journeyman electrical exam in the reciprocating state, must be active, and issued for a minimum of one year.
- Individual must not have taken and failed an Idaho Electrical Journeyman exam.
- Submit notarized documentation of four (4) years (minimum of 8,000 hours) of work experience (form included) and proof of completion of required apprenticeship school from reciprocal state.

**OR** -
- Submit notarized documentation of eight (8) years (a minimum of 16,000 hours) of work experience (form included).

Idaho reciprocates with: CO, ME, MT, NE, NH, NM, ND, OK, OR, SD, TX, UT WY
APPLICATION FOR ELECTRICAL JOURNEYMAN LICENSE

*YOU MUST PROVIDE A COPY OF LEGAL IDENTIFICATION (Driver’s license, Passport, Military ID)

Are you currently serving in the US military, a veteran or spouse of any such person? No _____ Yes _____

____ Testing  ____ License (must have passed the exam)  ____ Reciprocal

PLEASE PRINT  *REQUIRED FIELD

*Applicant’s Legal Name: _____________________________  *Date of Birth: ______________

*Mailing Address: _____________________________________________

*City: _____________________________  *State: _____________  *Zip Code: ______________

*Social Security Number:________________________________________

*Contact Phone Number(s): _____________________________________

*E-Mail Address: _______________________________________________

(All future notifications will be done via email.)

*Are you currently licensed as an Electrical Journeyman in another jurisdiction? Yes ____ No _____

*State: _____________________________  *License Number: _____________________________  *Date Issued: _________________

*Expires: _____________________________

Please be advised that the DBS shall consider the address provided by the applicant on this form as the business address of record for the applicant, which may be subject to public disclosure in accordance with the Idaho Public Records Act (I.C. §101 et seq). Because the address will be used for the purposes of all correspondence from the DBS with the license/registration holder, please be sure to provide an address that will be accurate for the duration of license or registration period. By providing this application the successful applicant acknowledges that upon request DBS may disclose the address as a public record, and the applicant provides his/her consent to do so.

I also hereby authorize the Idaho Division of Building Safety to release the last 4 (four) numbers of my Social Security Number for verification purposes.

I certify the information above is correct. By signing here, the applicant and DBS mutually agree that the applicant has a maximum of 90 days in which to take the examination.

*Signature: _____________________________________________  *Date: _________________

* THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC

State Of _____________________________

The above individual appeared before me this _____________________________ day of ______________, 20 ________.

NOTARY SEAL:______________________________

Signature of Notary Public

Commission Expires: _____________________________

E-JYM APPL  2  9/20/2019
ELECTRICAL EMPLOYER’S VERIFICATION FORM
(Please use a separate form for each employer)

SELF-VERIFICATION WILL NOT BE ACCEPTED

Applicant’s Legal Name: ______________________________________   License # if required: _____________

Employer/Contractor:_____________________________________________ License # if required:_____________

Address: ____________________________________________________________________________________

City: __________________________________________ State: ______________ Zip Code: _________________

E-Mail Address: _________________________________________Telephone Number:______________________

Supervising Electrician: ____________________________License Number: _____________

Dates of Verification: ____________________________________________

From: (month/day/year)                                  To: (month/day/year)

Total hours performing electrical work for this employer for the time period noted above: _________________________

Are the above dates taken from payroll records:  _____ Yes _____ No   If No, please explain: ______________

__________________________________________________________________________________________

Were all jobs where the applicant worked inspected by a governmental authority: _____ Yes _____ No
(Governmental Authority example: State Electrical Inspector/City Inspector)
If No, please explain: ________________________________________________________________________

Was this work done in the State of Idaho?  No  ________ Yes  ________ State_____________________
(If the work was performed in multiple States, a separate verification form is needed for each State. Listed license
Number’s must reflect the State in which the work was performed.)

Employer’s Authorized Signature          Date

THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC

State Of _______________________

The above individual appeared before me this ________________________ day of __________, 20__________

__________________________________________________________

Signature of Notary Public

Commission Expires: ________________________________________