



STATE OF IDAHO DIVISION OF BUILDING SAFETY

1090 East Watertower Street, Suite 150

Meridian, Idaho 83642

Ph: 800-955-3044

Fax: 877-810-2840

dbs.idaho.gov

APPLICATION FOR ELECTRICAL JOURNEYMAN LICENSE

All schooling and work experience must have been obtained per State requirements.

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

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

- Submit notarized documentation of a minimum of 6,000 hrs of work experience as an Idaho Electrical Apprentice. The work experience shall not exceed seventy-five percent (75%) in any one category (residential, commercial, and industrial).
- Have performed installations under the constant supervision of a licensed Electrical Journeyman/Master.
- Have completed four (4) years of approved electrical apprenticeship school.
- Pay the \$15 (non-refundable) application fee.

Out-of-state:

- Applicants may either provide proof of a minimum of 8,000 of work experience that was legally obtained in the State the experience was worked and completed four (4) years of electrical apprenticeship schooling OR submit eight (8) years (a minimum of 16,000 hrs) of work experience. The work experience shall not exceed seventy-five percent (75%) in any one category (residential, commercial, and industrial).
- Submit a completed application (included).
- Pay the \$15 (non-refundable) application fee.

Upon application approval:

- Exam information will be sent to the applicant.

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

- Idaho reciprocates with: CO, ME, MT, NE, NH, NM, ND, OK, OR, SD, TX, UT WY
- Must show proof of completing a minimum of 8,000 hrs of work experience. The work experience shall not exceed seventy-five percent (75%) in any one category (residential, commercial, and industrial)
- Have completed four (4) years of approved electrical apprenticeship school.

OR –

- Submit eight (8) years (a minimum of 16,000 hrs) of work experience. The work experience shall not exceed seventy-five percent (75%) in any one category (residential, commercial, and industrial).
- Submit a copy of their current Electrical Journeyman license. This license must have been issued after passing the journeyman electrical exam in the reciprocating state.
- License must active and be held for a minimum of one year.
- Submit a completed application (included).
- Pay the \$15 (non-refundable) application fee and the \$55 license fee.

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

- Have passed the exam.
- Have completed 8,000 hours of work experience.
- Submit a completed application (included).
- Pay the \$15 (non-refundable) application fee and pay the license fee.

Please Note: If the applicant does not take the exam within 60 days of approval, he/she must reapply.



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

_____ TESTING _____ LICENSE (Must have passed the exam)

_____ **RECIPROCAL** (Applicants for a reciprocal license must submit a copy of their current Electrical Journeyman license & documentation of experience. This license must have been issued after passing the journeyman electrical exam in the reciprocating state)

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 is subject to public disclosure. Said address will be used as such for the purposes of all correspondence from the DBS with the license/registration holder, as well as for the purposes of the Idaho Public Records Act. By providing this business address and submitting this application the successful applicant is considered by the Division to have acknowledged that DBS may disclose the address as a public record, and the applicant provides his/her consent to do so. As the DBS will utilize the address provided on this form for any official correspondence with the license or registration holder, please be sure to provide an address that will be accurate for the duration of license or registration period.

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.

*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: _____



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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 Employment: _____

From: (month/day/year)

To: (month/day/year)

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

Type of Work:

Residential: _____ Hrs Industrial: _____ Hrs Commercial: _____ Hrs

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 _____

NOTARY SEAL:

Signature of Notary Public

Commission Expires: _____