



**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](http://dbs.idaho.gov)

**APPLICATION FOR HVAC CONTRACTOR LICENSE**

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

**In order to qualify for the HVAC Contractor exam an applicant must:**

- Submit proof of a minimum of two (2) years experience as an HVAC Journeyman either in the state of Idaho or another jurisdiction:
- Submit a completed application (included).
- Pay the \$35 (non-refundable) application fee.

**Upon application approval:**

- Exam information will be sent to the applicant.

**Upon passing the exam an applicant must:**

- Submit a \$2,000 Compliance Bond in the name of the company.
- Pay the license fee.

**Please Note:** If an applicant does not complete the exam within one (1) year of applying, he/she must reapply.



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**PLEASE PRINT** \*REQUIRED FIELD

\*Applicant Name: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_

\*DBA Company Name: \_\_\_\_\_

\*Mailing Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

\*Social Security Number: \_\_\_\_\_ \*Contact Phone Number(s): \_\_\_\_\_

\*E-Mail Address: \_\_\_\_\_

\*Are you currently licensed as an HVAC Contractor/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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**HVAC EMPLOYER'S VERIFICATION FORM**

(Please submit 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 HVAC Journeyman: \_\_\_\_\_ License Number: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

From: (month/day/year)

To: (month/day/year)

**Total hours performing HVAC work for this employer for the time period noted above:** \_\_\_\_\_

**Detailed Description** of the type of work performed: \_\_\_\_\_

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 HVAC 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

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State Of \_\_\_\_\_

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***AUTHORIZED SIGNATURES FOR CONTRACTOR LICENSE***

Completion of this form allows the license-holder to designate a maximum of two authorized individuals who will be allowed to conduct transactions (sign permits, schedule/cancel inspections, etc.) under this contractor's license.

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Printed Name of 1<sup>st</sup> Designee Signature

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Printed Name of 2<sup>nd</sup> Designee Signature

I understand that I am responsible for updating the above information in writing to the Division of Building Safety. As the owner of this license I am responsible for all fees, purchases or fines that accrue to this license as a result of my actions or those of the individual(s) named above.

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Signature of Licensee Date

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DBA License Number