



**STATE OF IDAHO DIVISION OF BUILDING SAFETY**

1090 East Watertower Street, Suite 150

Meridian, Idaho 83642

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

**PLUMBING 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 Plumber: \_\_\_\_\_ License Number: \_\_\_\_\_

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

From: (month/day/year)

To: (month/day/year)

**Total hours performing plumbing 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 Plumbing 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: \_\_\_\_\_