



**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 PLUMBING CONTRACTOR LICENSE**

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

- Must meet the requirements of Idaho Rule (See below).
- Submit a completed application (included).
- Pay the \$22.50 (non-refundable) application fee.

**Idaho Statutes and Rules are subject to change and it is the applicant's responsibility to ensure they have read and understand the requirements to do plumbing work in Idaho. Idaho Statutes and Rules can be found online at: <https://dbs.idaho.gov/rules/current.html>.**

**IDAPA 07.02.05.013 PLUMBING CONTRACTOR**

**01. Qualifications for Plumbing Contractor.**

A plumbing contractor must be certified as competent by the Idaho Plumbing Board and the administrator of the Division before he offers his service to the public. To obtain the certificate, he shall first submit an acceptable application. The applicant shall possess an active journeyman plumbing certificate of competency issued by the Division, a provable minimum of two and one-half (2 1/2) years' experience as a licensed journeyman plumber in the state of Idaho, as well as provide payment to the Division for all applicable application and examination fees, and successfully complete the contractor examination administered by the Division. The compliance bond required by Section 54-2606, Idaho Code, shall be required to be on file with the Division upon successful completion of the examination. The examination fee shall be as prescribed by Section 54- 2614, Idaho Code. (4-11-15)

**02. Out of State Contractor Applications.**

**a.** An applicant for a contractor certificate of competency **who has previously been licensed** as a journeyman in another jurisdiction recognized by the Idaho Plumbing Board shall first obtain an Idaho journeyman certificate of competency in accordance with Section 012 of these rules. Such applicants may provide proof of two and one half (2 1/2) years of experience as a plumbing journeyman by providing satisfactory evidence to the Division of such work history in another recognized jurisdiction. Such applicants shall also pay all applicable application and examination fees to the Division, and successfully complete the contractor examination administered by the Division. The compliance bond required by Section 54-2606, Idaho Code, shall be required to be on file with the Division upon successful completion of the examination. (4-11-15)

**b.** An applicant for a contractor certificate of competency **who has never been previously licensed** as a journeyman in a jurisdiction recognized by the Idaho Plumbing Board shall first obtain an Idaho journeyman certificate of competency in accordance with Section 012 of these rules. Such applicants shall also provide proof of four (4) years of experience performing plumbing work of a nature equivalent to what a journeyman in Idaho must demonstrate to qualify for a contractor certificate of competency.



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Proof of such work experience may be provided by the submission of three (3) sworn affidavits from individuals attesting to the fact that the applicant has had at least four (4) years' experience performing such work. Alternatively, such an applicant must provide proof of two and one half (2 1/2) years of experience as a journeyman plumber in the state of Idaho. Such applicants shall also pay all applicable application and the examination fees to the Division, and successfully complete the contractor examination administered by Division. The compliance bond required by Section 54-2606, Idaho Code, shall be required to be on file with the Division upon successful completion of the examination. Applications that are incomplete in any detail will be returned as unacceptable, or denied. (4-11-15)

**03. Restrictive Use of Contractor Certificate.**

Any individual holding a contractor certificate and designated by a firm to represent that firm for licensing purposes shall represent one (1) firm only, and shall immediately notify the Division in writing when his working arrangement with that firm has been terminated for purposes of becoming self-employed or affiliation with another firm, or for any other reason. A license holder cannot represent any other person or firm, self-employed or otherwise, than originally stated on his application for license. When a change is made, he is required to so inform the Division. Otherwise, he is guilty of transferring his license in violation of Section 54-2610, Idaho Code, and is subject to license suspension, revocation, or refusal to renew under Section 54-2608, Idaho Code, or to prosecution under the provisions of Section 54-2628, Idaho Code. (8-25-88)

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

- Submit a \$2,000 Surety Bond.
- Pay the license fee.

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



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**APPLICATION FOR PLUMBING CONTRACTOR LICENSE**

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

**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: \_\_\_\_\_

*(All future notifications will be done via email.)*

\*Are you currently licensed as a Plumbing 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 and acknowledge I have read and understand the Idaho plumbing contractor requirements in IDAPA 07.02.05.013.

\*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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**PLUMBING WORK VERIFICATION FORM**  
**(Please use a separate form for each employer)**

**SELF-VERIFICATION WILL NOT BE ACCEPTED**

Applicant's Legal Name: \_\_\_\_\_ License # if required: \_\_\_\_\_

Employer/Verifier \_\_\_\_\_

Address: \_\_\_\_\_

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

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

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.)

I swear (or affirm) under penalty of perjury that the foregoing information is true, complete, and correct.

\_\_\_\_\_  
Employer/Verifier'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\_\_\_\_\_

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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