



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 PLUMBING CONTRACTOR LICENSE

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

- Hold an active Idaho State plumbing journeyman certificate of competency and show a provable minimum of two and one-half (2 ½) years' experience as a licensed journeyman in the state of Idaho.
- **Out of State:** An applicant who has been previously 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 IDAPA Rule and provide proof of two and one half (2 ½) years of experience as a plumbing journeyman in another recognized jurisdiction. (An applicant 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 IDAPA Rule 07.02.05.011.012 and 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.)
- Submit a completed application (included).
- Pay the \$22.50 (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 Surety Bond in the personal name of the applicant.
- 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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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: _____

*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.

*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 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 _____

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NOTARY SEAL:

Signature of Notary Public

Commission Expires: _____



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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.

Printed Name of 1st Designee Signature

Printed Name of 2nd 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.

Signature of Licensee Date

DBA License Number