



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 SPECIALTY APPRENTICE WORK REGISTRATION

To qualify for the Plumbing Specialty Apprentice registration, an applicant must:

- Be at least 16 years of age.
- Submit a completed application (included).
- Pay the \$30 (non-refundable) license registration fee.

To maintain a specialty apprentice registration, an individual must:

- Be employed by a licensed Plumbing Specialty Contractor of the same specialty category.
- Work under the supervision of a Plumbing Specialty Journeyman of the same specialty category.
- Be enrolled in or have completed a related training course.*

***To register for the Appliance Plumbing Specialty apprenticeship training course contact:**

COLLEGE OF WESTERN IDAHO

(208) 562-3000 or (208) 562-2072

***To register for the Water Pump Plumbing Specialty apprenticeship training course contact:**

LYNN TAKANAGA

(208) 381-0294

Please Note: Registration as a Plumbing Specialty Apprentice is issued for a period of three (3) years. Time will be credited only during such periods as the specialty apprentice is actively registered with the Division of Building Safety.

Registration as an apprentice is not the same as a license or certificate of competency. No level of competence is implied by a registration.



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

***Check the type of Plumbing Specialty Apprentice registration you are applying for:**

Appliance Specialty _____ Water Pump Specialty _____

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.)

*Have you ever held a specialty plumbing license in another jurisdiction? No _____ Yes _____

If Yes, attach a copy of the license.

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 SPECIALTY WORK 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 Plumber: _____ License Number: _____

Dates of Employment: _____

From: (month/day/year)

To: (month/day/year)

Total hours performing specialty plumbing 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 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:

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DEFINITIONS OF PLUMBING SPECIALTY TYPES

APPLIANCE PLUMBING SPECIALTY LICENSE

Scope of Work Permitted: Permitted to disconnect, cap, remove, and reinstall within 60 inches of original location: water heating appliance, water treating or filtering devices; air or space temperature modifying equipment which involves potable water; humidifier; temperature and pressure relief valves; condensate drains and indirect drains in one (1) and two (2) family residences only. Does not include installation, testing, or certifying of backflow prevention devices. Does NOT include any modification to the drain, waste or vent systems.

WATER PUMP PLUMBING SPECIALTY LICENSE

Scope of Work Permitted: Permitted to install and connect water service piping from pump to storage expansion pressure tank in one (1) and two (2) family residences only. Does not include installation, testing or certifying of backflow prevention devices. Does NOT include any modification to the drain, waste or vent systems.