



STATE OF IDAHO DIVISION OF BUILDING SAFETY

1090 East Watertower Street, Suite 150

Meridian, Idaho 83642

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dbs.idaho.gov

PLUMBING SPECIALTY 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 Plumber: _____ License Number: _____

Dates of Employment: _____

From: (month/day/year)

To: (month/day/year)

Total hours performing plumbing specialty 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 _____

The above individual appeared before me this _____ day of _____, 20_____

NOTARY SEAL:

Signature of Notary Public

Commission Expires: _____