



**STATE OF IDAHO DIVISION OF BUILDING SAFETY**

1090 East Watertower Street, Suite 150

Meridian, Idaho 83642

Phone: 800-955-3044

Fax: 877-810-2840

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

**APPLICATION FOR PLUMBING SPECIALTY CONTRACTOR LICENSE**

• **To qualify for the Plumbing Specialty Contractor exam an applicant must:**

- Submit proof of a minimum two and one-half (2 ½) years of experience as a Plumbing Specialty Journeyman in the category applicant is applying for. Said experience may be in the state of Idaho or another jurisdiction:

a. Experience may be proven by providing a copy of a Plumbing Specialty Journeyman license from Idaho or another jurisdiction, which has been held for a minimum of two and one-half (2 ½) years.

b. If applicant is from a state which does not require journeyman licensing, experience may be proven by providing three (3) notarized Employer's Verification Forms. Employers must verify the applicant has a minimum of two and one-half (2 ½) years of experience as a Specialty Journeyman.

- 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 (**Note: Mobile Home Specialty Contractors are exempt from providing a 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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**\*Check the type of Plumbing Specialty Contractor license you are applying for:**

Appliance Specialty \_\_\_\_\_ Water Pump Specialty \_\_\_\_\_ Mobile Home Specialty \_\_\_\_\_

**PLEASE PRINT**

\*Applicant Name: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_

\*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 Specialty Contractor/Specialty Journeyman in another jurisdiction? Yes \_\_\_\_\_ No \_\_\_\_\_ State: \_\_\_\_\_

\*License Number: \_\_\_\_\_ \*Date Issued: \_\_\_\_\_ \*Expires: \_\_\_\_\_

I certify the information above is correct.

\*Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

**\*Required Field**

**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 CONTRACTOR EMPLOYER'S VERIFICATION FORM**

(Please submit a separate form for each employer)

**SELF-VERIFICATION WILL NOT BE ACCEPTED**

Applicant Name: \_\_\_\_\_

Verified Dates: \_\_\_\_\_  
From: (month/day/year) To: (month/day/year)

**Detailed Description** of the type of work performed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Employer/Contractor: \_\_\_\_\_ License Number: \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

\_\_\_\_\_  
Employer's Authorized Signature

**THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC**

State of \_\_\_\_\_

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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



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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 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.

**MOBILE HOME SET-UP OR INSTALLER LICENSE**

*Scope of work permitted:* Permitted to make the proper connections of sewer and water to existing facilities on site. This specialty license does NOT permit any extension, alteration, or addition to the plumbing system within the mobile home or the installation of any underground plumbing outside the mobile home.