APPLICATION FOR ELECTRICAL CONTRACTOR LICENSE

To qualify for the Electrical Contractor exam as an individual an applicant must:

- Be or employ an Idaho licensed Master Electrician.
- Be the individual to be licensed.
- Submit a completed application (included).
- Pay the $15 (non-refundable) application fee.

OR

To qualify for the Electrical Contractor exam as an entity an applicant must:

- Be a full-time supervisory employee of the corporation, company, etc. serving as the entity’s representative for examination purposes.
- Employ on a full-time basis an Idaho licensed Master Electrician, who is available during working hours to supervise all electrical work conducted.
- Submit a completed application (included).
- Pay the $15 (non-refundable) application fee.

Upon application approval:

- Exam information will be sent to the applicant.

Upon passing the exam an applicant must:

- Submit proof of $300,000 Liability Insurance and Worker’s Compensation Insurance or statement of exemption for Worker’s Compensation (if applicable).
- Pay the $125 license fee.

Please Note: If the applicant does not take the exam within 60 days of approval, he/she must reapply.
APPLICATION FOR ELECTRICAL CONTRACTOR LICENSE

Is this application a: New Application _________  Change Application: License Number ________________  Rep __________  Supervising Master _________

*Check your form of business:

Individual _________  Social Security Number: ____________________________________________

*IF YOU ARE AN INDIVIDUAL YOU MUST PROVIDE A COPY OF LEGAL IDENTIFICATION (Driver’s license, Passport, Military ID)

Other Legal Entity _________  Employer Identification Number _______________________________________

(Provide documentation from the Idaho State Secretary of State)

*Company Name: ____________________________________________________________________________

*Mailing Address: ____________________________________________________________________________

*City: __________________________________________  *State: _________  *Zip Code: ______________

*Contact Phone Number(s): ____________________________________________________________

*E-Mail Address: ____________________________________________

(All future notifications will be done via email.)

Note: This application must be signed in both places.

Supervising Master Electrician Information: I certify I am a full-time employee and I am responsible for supervision of electrical installations made, by the above listed company. I am available during working hours to carry out the duties of supervising Master Electrician.

* ______________________________________________________________________________________

Supervising Master Electrician (Please Print)          Signature          Idaho Master License Number

Representative Information: I certify I am a full-time, supervisory employee of the above listed company. I am not currently designated by any other company to be their representative.

* ______________________________________________________________________________________

Representative for Exam (Please Print)            Signature          Social Security Number

*Required Field

____________________________________________________________________________________

THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC

State Of ______________________________________

The above individuals appeared before me this _________ day of ____________________________, 20_________

NOTARY SEAL: _______________________________________________________

Signature of Notary Public

Commission Expires: ______________________
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 applicant/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

Proof of $300,000.00 Liability Insurance and Worker’s Compensation Insurance must be received by the Division of Building Safety. If you are exempt from Workers Compensation insurance your signature is required on the statement below, before your license can be issued.

STATEMENT OF EXEMPTION FOR WORKER’S COMPENSATION

I qualify as an exempt employer for Worker’s Compensation Insurance:

Signature: ___________________________________________ Date: ____________________