



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

**APPLICATION FOR ELECTRICAL MASTER LICENSE**

**All schooling and work experience must have been obtained per State requirements.**

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

**In order to qualify for the Electrical Master exam an applicant must:**

- Must show proof of work experience as a licensed Idaho Electrical Journeyman for four (4) years.
- Submit a completed application (included).
- Pay the \$15 (non-refundable) application fee.

**Out-of-state**

- Must show proof of work experience as a licensed Electrical Journeyman for four (4) years.
- Submit a completed application (included).
- Pay the \$15 (non-refundable) application fee.

**Upon application approval:**

- Exam information will be sent to the applicant.

**In order to qualify for the Electrical Master reciprocal license an applicant must:**

- Submit a copy of their current Electrical Master license that was received as a result of passing the master exam in **Wyoming** or **Utah**.
- License must be active and be held for a minimum of one year.
- Must show proof of work experience as a licensed Electrical Journeyman for four (4) years.
- Submit a completed application (included).
- Pay the \$15 (non-refundable) application fee and the \$65 license fee.

**Please Note:** If the applicant does not take the exam within 60 days of approval, he/she must reapply.



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

**APPLICATION FOR ELECTRICAL MASTER LICENSE**

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

\_\_\_\_\_ TESTING

\_\_\_\_\_ RECIPROCAL (Applicants for a reciprocal license must submit a copy of their current Electrical Journeyman/Master license & documentation of experience. This license must have been issued after passing the Master electrical exam in the reciprocating state)

**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.)*

\*Are you currently licensed as an Electrical Master/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: \_\_\_\_\_



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

**ELECTRICAL 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 Electrician: \_\_\_\_\_ License Number: \_\_\_\_\_

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

**Total hours performing electrical work for this employer for the time period noted above:** \_\_\_\_\_

**Type of Work:**

Residential: \_\_\_\_\_ Hrs Industrial: \_\_\_\_\_ Hrs Commercial: \_\_\_\_\_ Hrs

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 Electrical 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: \_\_\_\_\_