APPLICATION FOR HVAC APPRENTICE WORK REGISTRATION

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

To qualify for registration as an HVAC Apprentice, an applicant must:

- Be at least 18 years of age, or provide proof of registration with the U.S. Department of Labor’s Office of Apprenticeship Training certified HVAC program.
- Submit a completed notarized application (included).
- Pay the $50 (non-refundable) license registration fee.

In order to maintain an HVAC Apprentice registration an individual must:

- Be employed by a licensed HVAC Contractor.
- Work under the supervision of a licensed HVAC Journeyman.
- Be enrolled in or have completed a related training program.

To register for the HVAC apprenticeship school program:

- See page four (4) of this application for a list of approved schools.

Please Note: Registration as an HVAC Apprentice is issued for a period of five (5) years. Time will be credited only during such time as the 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.
APPLICATION FOR HVAC APPRENTICE WORK REGISTRATION

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

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 an HVAC 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__________.

______________________________  Signature of Notary Public

Commission Expires: ________________________
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 HVAC Journeyman: ___________________________________License Number: _____________

Dates of Verification:  ________________________________________________________________ __________

From: (month/day/year)   To: (month/day/year)

Total hours performing HVAC work for this employer for the time period noted above: ______________

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 HVAC Inspector/City Inspector)

If No, please explain: ___________________________________________________________________________

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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.)

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Employer’s Authorized Signature          Date

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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: ________________________________
HVAC APPRENTICESHIP SCHOOLS

<table>
<thead>
<tr>
<th>College</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>College of Southern Idaho</td>
<td>(800) 680-0274</td>
</tr>
<tr>
<td>College of Western Idaho</td>
<td>(208) 562-3000</td>
</tr>
<tr>
<td>Eastern Idaho Technical College</td>
<td>(800) 662-0261</td>
</tr>
<tr>
<td>HVACR Education</td>
<td>(888) 655-4822 Option 2</td>
</tr>
<tr>
<td>Idaho State University</td>
<td>(208) 282-3372</td>
</tr>
<tr>
<td>Lewis Clark State College</td>
<td>(208) 792-2442</td>
</tr>
<tr>
<td>NE Washington/N Idaho Sheet Metal JATC*</td>
<td>(509) 928-5009</td>
</tr>
<tr>
<td>North Idaho College</td>
<td>(208) 769-3444</td>
</tr>
<tr>
<td>Northwest HVAC/R</td>
<td>(509) 747-8810</td>
</tr>
<tr>
<td>Pocatello &amp; SE Idaho Sheet Metal JATC*</td>
<td>(208) 233-5214</td>
</tr>
<tr>
<td>Southwest Central Idaho Sheet Metal JATC*</td>
<td>(208) 562-0237</td>
</tr>
<tr>
<td>Southwest Idaho JATC*</td>
<td>(208) 288-1296</td>
</tr>
<tr>
<td>Ultimate Heating and Air</td>
<td>(208) 321-8663</td>
</tr>
</tbody>
</table>

*Joint Apprentice and Training Committee

An HVAC Apprentice must meet certain requirements to be eligible for the HVAC Journeyman exam and license:
- Submit notarized documentation of a minimum of 8,000 (4 years) of verified work experience under the supervision of a licensed HVAC Journeyman
- Have completed four (4) years of approved HVAC apprenticeship school.