



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

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 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.



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***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_____.

NOTARY SEAL:

Signature of Notary Public

Commission Expires: _____



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HVAC WORK VERIFICATION FORM
(Please use 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 HVAC Journeyman: _____ License Number: _____

Dates of Employment: _____
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: _____

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: _____

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NOTARY SEAL:

Signature of Notary Public

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HVAC APPRENTICESHIP SCHOOLS

College of Southern Idaho	(800) 680-0274
College of Western Idaho	(208) 562-3000
Eastern Idaho Technical College	(800) 662-0261
HVACR Education	(406) 847-4822
Idaho State University	(208) 282-3372
Lewis Clark State College	(208) 792-2442
NE Washington/N Idaho Sheet Metal JATC*	(509) 928-5009
North Idaho College	(208) 769-3444
Northwest HVAC/R	(509) 747-8810
Pocatello & SE Idaho Sheet Metal JATC*	(208) 233-5214
Southwest Central Idaho Sheet Metal JATC*	(208) 562-0237
Southwest Idaho JATC*	(208) 288-1296

*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.