



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 CONTRACTOR LICENSE

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

In order to qualify for the HVAC Contractor exam an applicant must:

- Must meet the requirements of Idaho Rule (See below).
- Submit a completed application (included).
- Pay the \$35 (non-refundable) application fee.

Idaho Statutes and Rules are subject to change and it is the applicant's responsibility to ensure they have read and understand the requirements to do HVAC work in Idaho. Idaho Statutes and Rules can be found online at: <https://dbs.idaho.gov/rules/current.html>.

IDAPA 07.07.01 HVAC CONTRACTOR

021. HVAC CONTRACTOR CERTIFICATE OF COMPETENCY - REQUIREMENTS.

01. Bond. Applicants shall provide a compliance bond in the amount of two thousand dollars (\$2,000). Any such bond is required to be effective for the duration of the contractor licensing period. (3-29-12)

02. Qualification. Applicants shall provide proof, satisfactory to the board, of having legally acted as an HVAC journeyman for a period of not less than twenty-four (24) months. (3-16-04)

(Must have held an IDAHO journeyman license for two years)

03. Examination. Applicants for certification as HVAC contractors must successfully complete the examination designated by the board. (3-16-04)

Upon passing the exam an applicant must:

- Submit a \$2,000 Compliance Bond in the name of the company.
- Pay the license fee.

Please Note: If an applicant does not complete the exam within one (1) year of applying, he/she must reapply.



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PLEASE PRINT *REQUIRED FIELD

*Applicant Name: _____ *Date of Birth: _____

*DBA Company Name: _____

*Mailing Address: _____

*City: _____ *State: _____ *Zip Code: _____

*Social Security Number: _____ *Contact Phone Number(s): _____

*E-Mail Address: _____

*Are you currently licensed as an HVAC Contractor/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 and acknowledge I have read and understand the Idaho HVAC journeyman requirements in IDAPA 07.07.01.

*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 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/Verifier: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____ Telephone 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: _____

(2000 hours = One year)

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.)

I swear (or affirm) under penalty of perjury that the foregoing information is true, complete, and correct.

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:

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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.

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 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