



**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 HVAC JOURNEYMAN 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 HVAC Journeyman exam an applicant must:**

- Submit notarized documentation of a minimum of four (4) years' work experience, in compliance with the requirements of the state in which the applicant received the supervision, or as a registered HVAC apprentice making HVAC installations on the job under the supervision of a qualified HVAC journeyman.
- Have completed four (4) years of approved HVAC apprenticeship school.
- Submit a completed application (included).
- Pay the \$35.00 (non-refundable) application fee.

**Out of State Applicants:**

- Exhibition of a license issued by another recognized jurisdiction may be accepted as proof of meeting the experience requirements listed in Subsections 023.01 of IDAPA rules.
- An application for a journeyman certificate of competency from an individual who has never been previously licensed a journeyman in a jurisdiction recognized by the Idaho HVAC Board shall include evidence that demonstrates that the applicant has (4) four years of HVAC work experience of a nature at least equivalent to that which a HVAC apprentice must perform in Idaho, as well as (4) four years of schooling equivalent to that which an HVAC apprentice must complete in Idaho, OR the applicant may alternately submit verification of twice the amount of experience, (8) eight years defined as a minimum of (16,000) sixteen thousand hours.
- Submit a completed application (included).
- Pay the \$35.00 (non-refundable) application fee.

**Upon application approval:**

- Exam information will be sent to the applicant.

**Please Note:** If the 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'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 HVAC 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: \_\_\_\_\_



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**HVAC EMPLOYER'S 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 \_\_\_\_\_

The above individual appeared before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

NOTARY SEAL:

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Signature of Notary Public

Commission Expires: \_\_\_\_\_