APPLICATION FOR HVAC SPECIALTY 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 Specialty Apprentice, an applicant must:
- Be at least 18 years of age unless registered with the U.S. Department of Labor’s Office of Apprenticeship Training certified HVAC program.
- Submit a completed application (included).
- Pay the $20 (non-refundable) license registration fee.

In order to maintain an HVAC Specialty Apprentice registration, an individual must:
- Be employed by a licensed HVAC Specialty Contractor of the same specialty category.
- Work under the supervision of an HVAC Specialty Journeyman of the same specialty category.
- Be enrolled in or have completed a related training course.*

*To register for any of the following training courses: Hearth, Fuel Gas Piping, or LP Limited Heating Specialty contact:

COLLEGE OF WESTERN IDAHO (Nampa, ID)
(208) 562-3000 or (208) 562-2072
OR
NORTHWEST HVAC/R ASSOCIATION & TRAINING CENTER (Spokane, WA)
(509)747-8810

Please Note: Registration as an HVAC Specialty Apprentice is issued for a period of two (2) years. Time will be credited only during such periods as the specialty 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 SPECIALTY APPRENTICE WORK REGISTRATION

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

*Check the type of HVAC Specialty Apprentice registration you are applying for:

Hearth Specialty _____ Waste Oil Heating Specialty _____
Fuel Gas Piping Specialty _____ LP Limited Heating Specialty _____

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: ____________________________________________________________________
HVAC SPECIALTY WORK 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 HVAC Journeyman: ____________________________License Number: ________________

Dates of Employment: __________________________________________________________________________

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

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

Detailed Description of the type of work performed: __________________________________________________

__________________________________________________________________________________________

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: ____________________________________________________________________________

Signature of Notary Public ________________________________________________________________

Commission Expires: __________________________
DEFINITIONS OF HVAC SPECIALTY TYPES

HEARTH SPECIALTY LICENSE
Scope of work permitted: Install hearth appliances and the associated gas lines.

FUEL GAS PIPING SPECIALTY LICENSE
Scope of work permitted: Install fuel gas piping only and shall not make the final termination. Appliances and the associated gas piping, chimney, and vents shall be installed by others.

WASTE OIL HEATING SPECIALTY LICENSE
Scope of work permitted: Install non-duct connected waste oil heaters. Waste oil heating specialty journeymen are limited to the maintenance, installation, and repair of the equipment, controls, and piping directly associated with the waste oil heater, tank, and burner only. Any plumbing, electrical, ducting, venting, or associated equipment beyond the waste oil heater, tank, and burner shall be installed by others.

LP LIMITED HEATING SPECIALTY LICENSE
Scope of work permitted: Installs, maintains, services and repairs LP gas-fired appliances, LP fuel gas piping and related exhaust venting. This definition of specialty limited heating shall exclude boilers, hydronic systems, ducted forced air systems, ventilating and air conditioning systems, systems with a BTU input rating over 300,000, solid fuel and electric fueled systems.