



**STATE OF IDAHO DIVISION OF BUILDING SAFETY**

1090 East Watertower Street, Suite 150  
Meridian, Idaho 83642  
Ph: 1-800-955-3044  
Fax: 1-877-810-2840  
Email: [customer.service@dbs.idaho.gov](mailto:customer.service@dbs.idaho.gov)  
[dbs.idaho.gov](http://dbs.idaho.gov)

**APPLICATION FOR TRANSFER PERMIT**  
**\$45.00 Non-Refundable fee**

\*All Fields Required\*

**ORIGINAL PERMIT HOLDER**

Date: \_\_\_\_\_ Permit Number: \_\_\_\_\_  
Applicant Name: \_\_\_\_\_ License Number: \_\_\_\_\_  
Jobsite Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Reason for Transfer: \_\_\_\_\_

**PERMIT TRANSFERRED TO:**

Applicant Name: \_\_\_\_\_ License Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Notarized Signature of Original Permit Holder (Applicant)**

**Date**

**THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC**

State of \_\_\_\_\_

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

NOTARY SEAL:

Signature of Notary Public

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



## CREDIT CARD AUTHORIZATION FORM

Idaho Division of Building Safety  
1090 E. Watertower St. Suite 150  
Meridian, ID 83642  
Phone: 1-800- 955-3044 Fax: 1-877- 810-2840  
Email: [customer.service@dbs.idaho.gov](mailto:customer.service@dbs.idaho.gov)

I \_\_\_\_\_, authorize **The State of Idaho,**  
(Please Print Card Holders Name)

**Division of Building Safety,** to charge my credit/debit card account in the amount of \$\_\_\_\_\_

*\*Please note there is an additional 3% charge for the use of your card through Access Idaho.*

### This payment is for:

- |  |   |
|--|---|
| <input type="checkbox"/> License Application Fee _____<br>Applicant Name | <input type="checkbox"/> New Permit Fee _____<br>Job Site Address           |
| <input type="checkbox"/> License Renewal Fee _____<br>License Number     | <input type="checkbox"/> Fee Due on Existing Permit _____<br>Permit Number  |
| <input type="checkbox"/> New License Fee _____<br>Applicant Name         | <input type="checkbox"/> Other _____<br>Please Provide Detailed Information |

\_\_\_\_\_  
**Cardholder Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Contact Phone Number**

\_\_\_\_\_  
**Email Address for Receipt (Optional)**

### **All Fields Below Are Required**

Credit/Debit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ CVC # \_\_\_\_\_

Billing Address Zip Code: \_\_\_\_\_

*\*Your card information will not be retained for future transactions*