



STATE OF IDAHO DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSES

1090 East Watertower Street, Suite 150

Meridian, Idaho 83642

Ph: 800-955-3044

Website: dbs.idaho.gov

Email: customer.service@dbs.idaho.gov

PLUMBING 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/Verifier: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____ Telephone Number: _____

Dates of Verification: _____

From: (month/day/year)

To: (month/day/year)

Total hours performing specialty plumbing work for this employer for the time period noted above: _____

Was this work done in the State of Idaho? Yes _____ No _____ 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:

Signature of Notary Public

Commission Expires: _____