

STATE OF IDAHO DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENES

1090 East Watertower Street, Suite 150

Meridian, Idaho 83642

1-800-955-3044

Website: dbs.idaho.gov

Email: customer.service@dbs.idaho.gov

**PLUMBING WORK VERIFICATION FORM
(Please use 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 plumbing work for this employer for the time period noted above: _____

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 numbers 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/Verifier'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: _____