



STATE OF IDAHO DIVISION OF OCCUPATIONAL &
PROFESSIONAL LICENSES

PO BOX 83720
Boise, ID 83720-0063
Ph: 208-334-3950
Website: dbs.idaho.gov
customer-service@dopl.idaho.gov

APPLICATION FOR ELECTRICAL CONTRACTOR LICENSE

To qualify for the Electrical Contractor exam as an individual an applicant must:

- Be or employ an Idaho licensed Master Electrician.
- Be the individual to be licensed.
- Submit a completed application (included).
- Pay the \$15 (non-refundable) application fee.

OR

To qualify for the Electrical Contractor exam as an entity an applicant must:

- Be a full-time supervisory employee of the corporation, company, etc. serving as the entity's representative for examination purposes.
- Employ on a full-time basis an Idaho licensed Master Electrician, who is available during working hours to supervise all electrical work conducted.
- Submit a completed application (included).
- Pay the \$15 (non-refundable) application fee.

Upon application approval:

- Exam information will be sent to the applicant.

Upon passing the exam an applicant must:

- Submit proof of \$300,000 Liability Insurance and Worker's Compensation Insurance or statement of exemption for Worker's Compensation (if applicable).
- Pay the \$125 license fee.

Please Note: If the applicant does not take the exam within 90 days of approval, he/she must reapply.

Please be advised that the DOPL shall consider the address provided by the applicant on this form as the business address of record for the applicant, which may be subject to public disclosure in accordance with the Idaho Public Records Act (I.C. §101 *et seq*). Because the address will be used for the purposes of all correspondence from the DOPL with the license/registration holder, please be sure to provide an address that will be accurate for the duration of license or registration period. By providing this application the successful applicant acknowledges that upon request DOPL may disclose the address as a public record, and the applicant provides his/her consent to do so.

This application can emailed to customer-service@dopl.idaho.gov with the attached credit card authorization.

Questions? Email tradelicensing@dopl.idaho.gov



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APPLICATION FOR ELECTRICAL CONTRACTOR LICENSE

Is this application a: New Application
Change Application: License Number: Rep Supervising Master

Are you currently serving in the US military, a veteran or spouse of any such person? No Yes

*Required Field

*Check your form of business:

Individual Social Security Number:

*IF YOU ARE AN INDIVIDUAL YOU MUST PROVIDE A COPY OF LEGAL IDENTIFICATION (Driver's license, Passport, Military ID

Other Legal Entity Employer Identification Number
(Provide documentation from the Idaho State Secretary of State)

*Company Name:

*Mailing Address:

*City: *State: *Zip Code:

*Contact Phone Number(s):

*E-Mail Address:

(All future notifications will be done via email.)

Note: This application must be signed in both places.

Supervising Master Electrician Information: I certify I am a full-time employee and I am responsible for supervision of electrical installations made by the above listed company. I am available during working hours to carry out the duties of supervising Master Electrician.

Supervising Master Electrician (Please Print) Signature Idaho Master License Number

Representative Information: I certify I am a full-time supervisory employee of the above listed company. I am not currently designated by any other company to be their representative.

Representative for Exam (Please Print) Signature Social Security Number

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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AUTHORIZED SIGNATURES FOR CONTRACTOR LICENSE

Completion of this form allows the license-holder to designate a maximum of two authorized individuals who will be allowed to conduct transactions (sign permits, schedule/cancel inspections, etc.) under this contractor's license.

Printed Name of 1st Designee Signature

Printed Name of 2nd Designee Signature

I understand that I am responsible for updating the above information in writing to the Division of Occupational & Professional Licenses. As the owner of this license, I am responsible for all fees, purchases or fines that accrue to this license as a result of my actions or those of the individual(s) named above.

Signature of Licensee Date

DBA License Number

Proof of \$300,000 Liability Insurance and Worker's Compensation Insurance must be received by the Division of Occupational & Professional Licenses. If you are exempt from Worker's Compensation Insurance your signature is required on the statement below before your license can be issued.

STATEMENT OF EXEMPTION FOR WORKER'S COMPENSATION

I qualify as an exempt employer for Worker's Compensation Insurance:

Signature: Date:



CREDIT CARD AUTHORIZATION FORM

Idaho Division of Occupational & Professional Licenses
11341 W Chinden Blvd, Bldg #4
Boise, ID 83714
Phone: 208-334-3950
Email: customer-service@dopl.idaho.gov

I _____, authorize **The State of Idaho Division of Occupational & Professional Licenses** 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:

- License Application Fee _____ New Permit Fee _____
- License Renewal Fee _____ Fee Due on Existing Permit _____
- New License Fee _____ Other _____

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*