



STATE OF IDAHO DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSES

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customer-service@dopl.idaho.gov

LIMITED ELECTRICAL TRAINEE 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 Electrician: License Number:

Dates of Verification: From: (month/day/year) To: (month/day/year)

Total hours performing electrical 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 Electrical 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: