



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 PROVISIONAL JOURNEYMAN ELECTRICIAN

In order to qualify for the Provisional Journeyman Electrician's license an applicant must:

- Submit a completed notarized application (included) and \$15.00 (non-refundable) fee.
- Submit notarized documentation of eight (8) years (minimum of 16,000 hours) of verified work experience (form included).
- Applicant must not have previously been issued a Provisional Journeyman Electrician license.

Upon application approval:

- Approval will be sent by email to the email listed on the application.
- You will be required to pay the license fee of \$55.00.

Provisional Journeyman Electrician's licenses shall be issued for a period of six (6) months and shall expire six (6) months from the date issued, during which time a provisional journeyman electrician shall apply for and take the journeyman electrician examination.

A six (6) month renewal shall be issued upon application if:

- The applicant has taken, but failed to pass, the journeyman electrician examination within the six (6) month period OR - the applicant has failed to take the journeyman electrician examination within six (6) months and has shown that exceptional circumstances prevented the applicant from taking the journeyman electrician examination.
- A Provisional Journeyman Electrician's license shall be issued and renewed only once. If the applicant fails to pass the Journeyman Electricians examination or fails to take the Journeyman Electrician examination within one (1) year from the date of issue of a Provisional Journeyman Electrician's license, the applicant is no longer eligible to apply for a provisional journeyman electrician's license.

*It shall be unlawful for any person to act as a Provisional Journeyman Electrician in this state until such person has received a provisional journeyman electrician's license.

*Please be aware that applying for and receiving the Provisional Journeyman Electrician license will impact your future licensing in Idaho. Please contact our office for further details.

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

Questions? Email tradelicensing@dopl.idaho.gov



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APPLICATION FOR PROVISIONAL JOURNEYMAN ELECTRICIAN

*YOU MUST PROVIDE A COPY OF LEGAL IDENTIFICATION (Driver's license, Passport, Military ID)

PLEASE PRINT *REQUIRED FIELD

*Applicant's Legal Name: *Date of Birth:

*Mailing Address:

*City: *State: *Zip Code:

*Social Security Number:

*Contact Phone Number(s):

*E-Mail Address:

(All future notifications will be done via email.)

*Are you currently licensed as an Electrical Journeyman in another jurisdiction? Yes No

* State: *License Number: *Date Issued:

*Expires:

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 is subject to public disclosure. Said address will be used as such for the purposes of all correspondence from the DOPL with the license/registration holder, as well as for the purposes of the Idaho Public Records Act. By providing this business address and submitting this application the successful applicant is considered by the Division to have acknowledged that DOPL may disclose the address as a public record, and the applicant provides his/her consent to do so. As the DOPL will utilize the address provided on this form for any official correspondence with the license or registration holder, please be sure to provide an address that will be accurate for the duration of license or registration period.

I also hereby authorize the Idaho Division of Occupational & Professional Licenses to release the last 4 (four) numbers of my Social Security Number for verification purposes.

I certify the information above is correct. By signing here, the applicant and DOPL mutually agree that the applicant has a maximum of 90 days in which to take the examination.

*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:



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ELECTRICAL EMPLOYER'S VERIFICATION FORM

(Please use 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:

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:



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*