



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

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. If the work was performed in multiple states under the same contractor, one verification form may be used. Listed license numbers 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: