



STATE OF IDAHO DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSES

PO BOX 83720
Boise, ID 83720-0063
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Website: dbs.idaho.gov
Email: customer-service@dopl.idaho.gov

HVAC WORK VERIFICATION FORM

- Separate Work Verification Forms are required for each Employer.
Separate Work Verification Forms are required for each state in which experience was accrued.
Self-verification will NOT be accepted.
This form shall be completed when providing experience from out-of-state.
Please provide copies of any out-of-state licenses (required)

Applicant's Legal Name: License # if required:

Company Name:

Name of Verifier:

Address:

City: State: Zip Code:

E-Mail Address: Telephone Number:

Dates of Employment: From: To:

Description of Work Experience:

Total hours of work experience:

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.

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: