



State of Idaho  
Division Of Occupational and Professional Licenses  
Trade Licensing

**BRAD LITTLE**  
Governor  
**RUSSELL BARRON**  
Administrator

11341 W Chinden Blvd.  
P.O. Box 83720  
Boise, ID 83720-0063  
(208) 334-3233  
dopl.idaho.gov

## Apprentice Work Registration Application

An applicant who is or has been previously licensed as a journeyman or master in any recognized jurisdiction for the profession in which they are applying under this application shall not be issued an apprentice registration. Hours will be credited only so long as the apprentice is actively registered with the Division of Occupational and Professional Licenses.

Statutes and Rules governing Electrical, HVAC, or Plumbing can be viewed at <https://dopl.idaho.gov>. Idaho Statutes and Rules are subject to change, and it is the registrant's responsibility to ensure they have read and understand the requirements to perform work in Idaho. Please be sure to keep a copy of this application for your records. Registrations are non-transferable.

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**All fields within this application are required. If any field is left unanswered, the application will not be processed.**

Apprentice Registration Type (select one):

- |   |   |   |
|---|---|---|
| <input type="radio"/> Electrical<br>1-year registration<br>(\$15.00 processing fee) | <input type="radio"/> HVAC<br>1-year registration<br>(\$10.00 processing fee) | <input type="radio"/> Plumbing<br>5-year registration<br>(\$50.00 processing fee) |
|---|---|---|

Applicant Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(This is not a public record; required by Idaho Code § 73-122)

Mailing Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Applicant Email: \_\_\_\_\_

Are you or your spouse an active member or honorably discharged veteran of the United States Armed Services?  Yes  No

Have you ever held an Electrical, HVAC, or Plumbing license in another jurisdiction? *If yes, attach a copy of the license.*  Yes  No

The following documentation must be submitted with this application:

- Non-Refundable Processing Fee
- Complete and signed application
- Proof of Identification (clear and readable copy of a government-issued photo ID such as a passport or valid driver's license)
- Copy of license from another state, if applicable

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### Certification

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. 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 and acknowledge I have read and understand the applicable apprentice requirements in Idaho Statute and Rule.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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### Send your application via

**Email:** [customer-service@dopl.idaho.gov](mailto:customer-service@dopl.idaho.gov)

**Postal Mail:**

Idaho Division of Occupational and Professional Licenses  
C/O Trade Licensing  
PO Box 83720  
Boise, ID 83720-0063

**In-Person:**

11341 W Chinden Blvd. Boise, ID 83714  
1250 Ironwood Dr. Coeur d'Alene, ID 83814  
155 N. Maple St. Blackfoot, ID 83221

## Board Approved Apprentices Programs

Please contact schools directly for program details

	Phone Number	Electrical	HVAC	Plumbing
College of Southern Idaho	(800) 680-0274	✓	✓	✓
College of Western Idaho	(208) 562-2700	✓	✓	✓
College of Eastern Idaho	(208) 535-5345	✓	✓	✓
Idaho State University	(208) 282-4636	✓	✓	✓
Lewis-Clark State College	(208) 792-2220	✓	✓	✓
North Idaho College	(208) 769-7735	✓	✓	✓
Porter House Inc. - (Shelley and Mountain Home locations)	(208) 522-4336	✓	✓	✓
IEC Idaho	(208) 608-4662	✓		
Treasure Valley Community College	(541) 881-5755			✓
HVACR Education Online	(888) 655-4822 #2		✓	
Northwest HVAC/R	(509) 747-8810		✓	
SE Idaho Sheet Metal JATC	(208) 233-5214		✓	
SW Central Idaho Sheet Metal JATC	(208) 562-0237		✓	
SW Idaho JATC	(208) 288-1296		✓	
Ultimate Heating and Air	(208) 321-8663		✓	
Southwest Idaho Electrical JATC	(208) 384-0538	✓		
Eastern Idaho Electrical JATC	(208) 232-4300	✓		
Boise Plumbing JATC	(208) 288-1296			✓
Pocatello Plumbing JATC	(208) 232-6806			✓
DC Electric Inc.	(208) 552-1911	✓		
Treasure Valley Community College (Ontario location only)	(541) 881-8822	✓		
Faith Technologies Incorporated	(920) 225-6644	✓		

\* JATC = Joint Apprenticeship and Training Committee

Hours are only credited while the apprentice is actively registered with the Division of Occupational and Professional Licenses.



## 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](mailto: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:**

- |   |  |
|---|--|
| <input type="checkbox"/> License/Registration Application Fee | <input type="checkbox"/> New License Fee     |
| <input type="checkbox"/> New Permit Fee                       | <input type="checkbox"/> License Renewal Fee |
| <input type="checkbox"/> Fee Due on Existing Permit           | <input type="checkbox"/> Other: _____        |

Credit Card Number:

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Expiration Date:

		/		
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CVC:

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Billing Address Zip Code:

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\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address for Receipt