



STATE OF IDAHO DIVISION OF BUILDING SAFETY

1090 East Watertower Street, Suite 150

Meridian, Idaho 83642

Ph: 800-955-3044

Fax: 877-810-2840

customer.service@dbs.idaho.gov

APPLICATION FOR HVAC JOURNEYMAN LICENSE

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 do HVAC work in Idaho. Idaho Statutes and Rules can be found online at: <https://dbs.idaho.gov/rules/current.html>.

IDAPA 07.07.01. 023. HVAC JOURNEYMAN CERTIFICATES OF COMPETENCY: REQUIREMENTS.

01. Experience. Demonstrate, to the satisfaction of the board, a minimum of four (4) years' experience working in the trade, in compliance with the requirements of the state in which the applicant received his supervision, or as a registered HVAC apprentice making HVAC installations on the job under the supervision of a qualified HVAC journeyman. Notwithstanding the requirement that an HVAC apprentice demonstrate four (4) years of on-the-job work experience under the supervision of a qualified HVAC journeyman, any HVAC apprentice who successfully completes a Board-approved, full-time, one (1)-academic-year HVAC training course may receive credit for up to one (1) year of on-the-job work experience.

02. Education. Successfully complete any required apprenticeship training courses.

03. Examination. Applicants for certification as HVAC journeymen must successfully complete the examination designated by the board.

a. Each HVAC apprentice who desires to take the HVAC journeyman examination shall complete a Board-approved training course as described in Subsection 025.02 of these rules prior to the date of the examination and provide a certificate of completion with the apprentice's application for examination. There is no minimum work experience requirement to be eligible to take the HVAC journeyman examination.

b. The Division shall not issue a certificate of competency to an HVAC apprentice until the apprentice furnishes to the Division proof of satisfaction of the requirements contained in Subsection 023.01 of these rules and successful completion of the journeyman examination.

04. Out of State Journeyman Applications.

a. Exhibition of a license issued by another recognized jurisdiction may be accepted as proof of meeting the experience and schooling requirements listed in Subsections 023.01 and 023.02 of these rules. An application for a journeyman certificate of competency from an individual previously licensed as a journeyman in another jurisdiction recognized by the Idaho HVAC Board shall include satisfactory proof of licensure in such jurisdiction. The applicant shall pay all applicable application and examination fees to the Division, and successfully complete the journeyman examination administered by the Division.



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b. An application for a journeyman certificate of competency from an individual who has never been previously licensed as a journeyman in a jurisdiction recognized by the Idaho HVAC Board shall include evidence that demonstrates that the applicant has four (4) years, defined as eight thousand (8,000) hours of HVAC work experience or a nature at least equivalent to that which a HVAC apprentice must perform in Idaho, as well as four (4) years of schooling equivalent to that which a HVAC apprentice must complete in Idaho. Alternatively, such an applicant may submit sufficient proof verifying eight (8) years, defined as a minimum of sixteen thousand (16,000) hours of HVAC work experience of a nature at least equivalent to that which a HVAC apprentice must perform in Idaho. Upon submission of sufficient proof of having completed such experience and schooling requirements, such applicant shall also pay all applicable application and examination fees to the Division, and successfully complete the journeyman examination administered by the Division.

*** Please Note: If the applicant does not complete the exam within one (1) year of approval, he/she must reapply.**



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APPLICATION FOR HVAC JOURNEYMAN LICENSE

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

Are you currently serving in the US military, a veteran or spouse of any such person? Yes _____ No _____

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.)

Have you ever held an HVAC license in another jurisdiction? No _____ Yes _____

State: _____ License Number: _____ Date Issued: _____ Expires: _____

Please be advised that the DBS 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 DBS 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 DBS 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 Building Safety 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 Idaho HVAC journeyman requirements in IDAPA 07.07.01.023.

*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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HVAC WORK VERIFICATION FORM
(Please use a separate form for each employer)

SELF-VERIFICATION WILL NOT BE ACCEPTED

Applicant's Legal Name: _____ License # if required: _____

Employer/Verifier: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____ Telephone Number: _____

Dates of Employment: _____
From: (month/day/year) To: (month/day/year)

Total hours performing HVAC work for this employer for the time period noted above: _____

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.

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: _____