



**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](mailto:customer.service@dbs.idaho.gov)

**APPLICATION FOR HVAC SPECIALTY CONTRACTOR LICENSE**

**To apply for the HVAC Specialty Contractor exam an applicant must:**

Submit a completed application

Pay the \$35 (non-refundable) application fee

**Idaho Statutes and Rules are subject to change and it is the applicant'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 07.07.01.022 HVAC SPECIALTY CONTRACTOR**

**022. HVAC SPECIALTY CONTRACTOR CERTIFICATE OF COMPETENCY - REQUIREMENTS.**

**01. Bond.** Applicants shall provide a compliance bond in the amount of two thousand dollars (\$2,000). Any such bond is required to be effective for the duration of the contractor licensing period.

**02. Qualification.** Applicants shall provide proof, satisfactory to the board, of having legally acted as an HVAC specialty journeyman for a period of not less than twenty-four (24) months.

*(Must have held an IDAHO specialty journeyman license for two years in the specialty category applying for)*

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

**Upon passing the exam an applicant must:**

- Submit a \$2,000 Compliance Bond in the name of the company.
- Pay the license fee.

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



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**APPLICATION FOR HVAC SPECIALTY CONTRACTOR LICENSE**

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

I am applying for: **Hearth** \_\_\_\_\_ **Fuel Gas** \_\_\_\_\_ **Waste Oil** \_\_\_\_\_ **LP Limited Heating** \_\_\_\_\_

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

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

DBA Company Name: \_\_\_\_\_

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 HVAC Contractor/Journeyman in another jurisdiction? Yes \_\_\_\_\_ No \_\_\_\_\_

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 contractor requirements in IDAPA 07.07.01.022.

\*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



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**HVAC WORK VERIFICATION FORM**  
**(Please submit 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? Yes \_\_\_\_\_ No \_\_\_\_\_ 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.)

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: \_\_\_\_\_



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***AUTHORIZED SIGNATURES FOR CONTRACTOR LICENSE***

Completion of this form allows the license-holder to designate a maximum of two authorized individuals who will be allowed to conduct transactions (sign permits, schedule/cancel inspections, etc.) under this contractor's license.

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Printed Name of 1<sup>st</sup> Designee

Signature

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Printed Name of 2<sup>nd</sup> Designee

Signature

I understand that I am responsible for updating the above information in writing to the Division of Building Safety. As the owner of this license I am responsible for all fees, purchases or fines that accrue to this license as a result of my actions or those of the individual(s) named above.

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Signature of Licensee

Date

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DBA

License Number