



**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 APPRENTICE WORK REGISTRATION**

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>.

**07.07.01.026. HVAC SPECIALTY APPRENTICE REQUIREMENTS FOR REGISTRATION.**

Requirements for HVAC Specialty Apprentice.

- 01. Age.** Minimum of eighteen (18) years of age unless registered in a Bureau of Apprenticeship Training (BAT) certified HVAC training program.
- 02. Training.** Maintain enrollment in or successfully complete a training program approved by the board.
- 03. Supervision.** Work under the supervision of a certificated HVAC journeyman or certificated HVAC specialty journeyman.
  - Pay the \$20 (non-refundable) registration fee.



**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 SPECIALTY APPRENTICE WORK REGISTRATION**

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

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

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.)*

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 specialty apprentice requirements in IDAPA 07.07.01.026

\*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: \_\_\_\_\_



**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

**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 Verification: \_\_\_\_\_

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: \_\_\_\_\_



**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)

**DEFINITIONS OF HVAC SPECIALTY TYPES**

**HEARTH SPECIALTY LICENSE**

*Scope of work permitted:* Install hearth appliances and the associated gas lines.

**FUEL GAS PIPING SPECIALTY LICENSE**

*Scope of work permitted:* Install fuel gas piping only and shall not make the final termination. Appliances and the associated gas piping, chimney, and vents shall be installed by others.

**WASTE OIL HEATING SPECIALTY LICENSE**

*Scope of work permitted:* Install non-duct connected waste oil heaters. Waste oil heating specialty journeymen are limited to the maintenance, installation, and repair of the equipment, controls, and piping directly associated with the waste oil heater, tank, and burner only. Any plumbing, electrical, ducting, venting, or associated equipment beyond the waste oil heater, tank, and burner shall be installed by others.

**LP LIMITED HEATING SPECIALTY LICENSE**

*Scope of work permitted:* Installs, maintains, services and repairs LP gas-fired appliances, LP fuel gas piping and related exhaust venting. This definition of specialty limited heating shall exclude boilers, hydronic systems, ducted forced air systems, ventilating and air conditioning systems, systems with a BTU input rating over 300,000, solid fuel and electric fueled systems.

**\*To register for any of the following training courses: Hearth, Fuel Gas Piping, or LP Limited Heating Specialty contact:**

**COLLEGE OF WESTERN IDAHO (Nampa, ID)**

**(208) 562-3000 or (208) 562-2072**

**OR**

**NORTHWEST HVAC/R ASSOCIATION & TRAINING CENTER (Spokane, WA)**

**(509)747-8810**