



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 PLUMBING SPECIALTY APPRENTICE WORK REGISTRATION

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

IDAPA 07.02.05.018 Appliance Plumbing Specialty and .019 Water Pump Specialty

To apply for the Plumbing Specialty Apprentice registration, an applicant must:

- Be at least 16 years of age.
- Submit a completed application (included).
- Pay the \$30 (non-refundable) license registration fee.

IDAPA 07.02.05.018.03 Minimum Experience Requirements. (Appliance Plumbing)

a. Experience gained by an individual while engaged in the practice of appliance plumbing specialty shall not be considered towards the satisfaction of the minimum experience requirements for licensing as a journeyman plumber.

e. Appliance plumbing specialty apprentices must be employed by a licensed contractor, under the supervision of a journeyman, be enrolled in or have completed Idaho Plumbing Board-approved related training classes and maintain state registration.

IDAPA 07.02.05.019.03 Minimum Experience Requirements. (Water Pump Plumbing)

a. Experience gained by an individual while engaged in the practice of water pump plumbing specialty shall not be considered towards the satisfaction of the minimum experience requirements for licensing as a journeyman plumber.

e. Water pump plumbing specialty apprentices must be employed by a licensed contractor, under the supervision of a journeyman, be enrolled in or have completed Idaho Plumbing Board-approved related training classes and maintain state registration.

*Please Note: Registration as a Plumbing Specialty Apprentice is issued for a period of three (3) years.



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

I am applying for: Appliance Specialty _____ Water Pump 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 plumbing specialty apprentice requirements in IDAPA 07.02.05.018 and/or .019.

*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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PLUMBING 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 specialty plumbing 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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DEFINITIONS OF PLUMBING SPECIALTY TYPES

APPLIANCE PLUMBING SPECIALTY LICENSE

Scope of Work Permitted: Permitted to disconnect, cap, remove, and reinstall within 60 inches of original location: water heating appliance, water treating or filtering devices; air or space temperature modifying equipment which involves potable water; humidifier; temperature and pressure relief valves; condensate drains and indirect drains in one (1) and two (2) family residences only. Does not include installation, testing, or certifying of backflow prevention devices. Does NOT include any modification to the drain, waste or vent systems.

WATER PUMP PLUMBING SPECIALTY LICENSE

Scope of Work Permitted: Permitted to install and connect water service piping from pump to storage expansion pressure tank in one (1) and two (2) family residences only. Does not include installation, testing or certifying of backflow prevention devices. Does NOT include any modification to the drain, waste or vent systems.

***To register for the Appliance Plumbing Specialty apprenticeship training course contact:**

**COLLEGE OF WESTERN IDAHO
(208) 562-3000 or (208) 562-2072**

***To register for the Water Pump Plumbing Specialty apprenticeship training course contact:**

**LYNN TAKANAGA
(208) 381-0294**