



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 CONTRACTOR LICENSE

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 07.02.05.017.03. Mobile Home Set Up or Installer

a. Any person qualifying for and having in his possession a current license in this category may make the proper connections of sewer and water to existing facilities on site. All material and workmanship shall comply with the requirements of the Uniform Plumbing Code.

b. All installers shall be licensed and be in the employ of a licensed plumbing contractor or specialty contractor limited to this category. This specialty license does not permit any extension, alteration, or addition to the plumbing system within the mobile home or the installation of any underground plumbing outside the mobile home.

04. Applications for Specialty Licenses. Applications for the above specialty licenses may be obtained from the Division of Building Safety. The forms shall be returned with the examination fee provided by Section 54-2614, Idaho Code, with proof of the required two (2) years' experience in the field of this specialty.

05. Examinations for Specialty Licenses. Written examinations for specialty plumbing licenses shall be formulated from the practical application of the sections of the Uniform Plumbing Code as adopted by the Idaho Plumbing Board under Section 54-2601, Idaho Code.

06. Fees. Fees for certificates shall be required in accordance with Section 54-2616, Idaho Code.

IDAPA 07.02.05.018 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.

c. Appliance plumbing specialty contractors must have a two thousand dollar (\$2,000) surety bond, thirty (30) months minimum journeyman experience, and successful completion of appliance plumbing specialty contractor's test.

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.



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IDAPA 07.02.05.019.03 Water Pump

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.

c. Water pump plumbing specialty contractors must have two thousand dollars (\$2,000) surety bond, thirty (30) months minimum journeyman experience, and successful completion of water pump plumbing specialty contractor's test.

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.



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APPLICATION FOR PLUMBING SPECIALTY CONTRACTOR LICENSE
YOU MUST PROVIDE A COPY OF LEGAL IDENTIFICATION (Driver's license, Passport, Military ID)

I am applying for: Mobile Home _____ Appliance Specialty _____ Water Pump _____

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 contractor requirements in IDAPA 07.02.05.017-019.

*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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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.

Printed Name of 1st Designee

Signature

Printed Name of 2nd 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.

Signature of Licensee

Date

DBA

License Number