



**APPLICATION FOR ELECTRICAL CONTRACTOR LICENSE**

**To qualify for the Electrical Contractor exam as an individual an applicant must:**

- Be or employ an Idaho licensed Master Electrician.
- Be the individual to be licensed.
- Submit a completed application (included).
- Pay the \$15 (non-refundable) application fee.

**OR**

**To qualify for the Electrical Contractor exam as an entity an applicant must:**

- Be a full-time supervisory employee of the corporation, company, etc. serving as the entity's representative for examination purposes.
- Employ on a full-time basis an Idaho licensed Master Electrician, who is available during working hours to supervise all electrical work conducted.
- Submit a completed application (included).
- Pay the \$15 (non-refundable) application fee.

**Upon application approval:**

- Exam information will be sent to the applicant.

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

- Submit proof of \$300,000 Liability Insurance and Worker's Compensation Insurance or statement of exemption for Worker's Compensation (if applicable).
- Pay the \$125 license fee.

**Please Note:** If the applicant does not take the exam within 90 days of approval, he/she must reapply.

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.



**STATE OF IDAHO DIVISION OF BUILDING SAFETY**

1090 East Watertower Street, Suite 150

Meridian, Idaho 83642

Ph: 800-955-3044

Fax: 877-810-2840

[dbs.idaho.gov](http://dbs.idaho.gov)

**APPLICATION FOR ELECTRICAL CONTRACTOR LICENSE**

Is this application a: New Application \_\_\_\_\_  
Change Application: License Number \_\_\_\_\_ Rep \_\_\_\_\_ Supervising Master \_\_\_\_\_

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

**\*Check your form of business:**

Individual \_\_\_\_\_ Social Security Number: \_\_\_\_\_

***\*IF YOU ARE AN INDIVIDUAL YOU MUST PROVIDE A COPY OF LEGAL IDENTIFICATION (Driver's license, Passport, Military ID***

Other Legal Entity \_\_\_\_\_ Employer Identification Number \_\_\_\_\_  
(Provide documentation from the Idaho State Secretary of State)

\*Company Name: \_\_\_\_\_

\*Mailing Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

\*Contact Phone Number(s): \_\_\_\_\_

\*E-Mail Address: \_\_\_\_\_

*(All future notifications will be done via email.)*

**Note:** This application must be signed in both places.

**Supervising Master Electrician Information:** I certify I am a full-time employee and I am responsible for supervision of electrical installations made, by the above listed company. I am available during working hours to carry out the duties of supervising Master Electrician.

\* \_\_\_\_\_  
Supervising Master Electrician (Please Print) Signature Idaho Master License Number

**Representative Information:** I certify I am a full-time, supervisory employee of the above listed company. I am not currently designated by any other company to be their representative.

\* \_\_\_\_\_  
Representative for Exam (Please Print) Signature Social Security Number

**\*Required Field**.....

**THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC**

State Of \_\_\_\_\_

The above individuals 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 1<sup>st</sup> Designee Signature

\_\_\_\_\_  
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 applicant/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

.....  
Proof of \$300,000.00 Liability Insurance and Worker's Compensation Insurance must be received by the Division of Building Safety. If you are exempt from Workers Compensation insurance your signature is required on the statement below, before your license can be issued.

**STATEMENT OF EXEMPTION FOR WORKER'S COMPENSATION**

I qualify as an exempt employer for Worker's Compensation Insurance:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_