



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 CONTRACTOR LICENSE

In order to qualify for the HVAC Contractor exam an applicant must:

- Must meet the requirements of Idaho Rule (See below).
- Submit a completed application (included).
- 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 07.07.01.021 HVAC CONTRACTOR

021. HVAC 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 journeyman for a period of not less than twenty-four (24) months.

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

04. Out-of-State Contractor Applications.

a. An out-of-state applicant for a contractor certificate of competency shall first obtain an Idaho journeyman certificate of competency in accordance with Section 023 of these rules. The applicant shall pay all applicable application and examination fees to the Division and successfully complete the contractor examination administered by the Division. The applicant shall file the compliance bond required by Section 54-5007, Idaho Code, with the Division upon successful completion of the examination. Applications that are incomplete in any detail will be returned as unacceptable or denied.

b. An applicant for a contractor certificate of competency who has previously been licensed as an HVAC journeyman in a Recognized Jurisdiction shall provide to the Division satisfactory proof of two (2) years of work experience as an HVAC journeyman in such jurisdiction.

c. An applicant for a contractor certificate of competency who has never been previously licensed as a journeyman in a Recognized Jurisdiction shall provide proof of four (4) years of experience performing HVAC work of a nature equivalent to that which an HVAC journeyman in Idaho must demonstrate to qualify for a contractor certificate of competency. Proof of such work experience may be provided by the submission of three (3) sworn affidavits from individuals attesting that the applicant has had at least four (4) years' experience performing such work.



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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 CONTRACTOR LICENSE

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

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 07.07.01.021.

*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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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? No _____ Yes _____ 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