



**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)

Email: [customer.service@dbs.idaho.gov](mailto:customer.service@dbs.idaho.gov)

**APPLICATION FOR ELECTRICAL JOURNEYMAN LICENSE**

**In order to qualify for the Electrical Journeyman exam for licensure an applicant must:**

- Submit a completed notarized application (included) and \$15.00 (non-refundable) fee.
- Submit proof of completion of four (4) years of approved electrical apprenticeship school and notarized documentation of four (4) years (minimum of 8,000 hours) of work experience (form included).

**OR -**

- Submit notarized documentation of eight (8) years (minimum of 16,000 hours) of verified work experience (form included).

**OR -**

- ***In-state apprentices only:*** Submit proof of completion of four (4) years of approved electrical apprenticeship school and notarized documentation of a minimum of 6,000 hours of work experience as an Idaho Electrical Apprentice (form included). If using this method to qualify, you will need to submit your additional hours, for a total of four (4) years (a minimum of 8,000 hours) of work experience, after passing the exam in order to receive the license.

\*All installations performed must have been made under the constant supervision of a licensed Electrical Journeyman/Master.

**Upon application approval:**

- Approval will be sent by email to the email listed on the application. Please see our “Exams” tab on our website for further information and for a copy of the Exam Bulletin.

**In order to qualify for the Electrical Journeyman reciprocal license an applicant must:**

- Submit a completed application (included), the \$15 (non-refundable) application fee, and the \$55.00 licensing fee.
- Submit a copy of your current Electrical Journeyman license. This license must have been issued after passing the journeyman electrical exam in the reciprocating state, must be active, and issued for a minimum of one year.
- Individual must not have taken and failed an Idaho Electrical Journeyman exam.
- Submit notarized documentation of four (4) years (minimum of 8,000 hours) of work experience (form included) and proof of completion of required apprenticeship school from reciprocal state.

**OR -**

- Submit notarized documentation of eight (8) years (a minimum of 16,000 hours) of work experience (form included).

Idaho reciprocates with: CO, ME, MT, NE, NH, NM, ND, OK, OR, SD, TX, and WY



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**APPLICATION FOR ELECTRICAL JOURNEYMAN LICENSE**

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

\_\_\_ Testing                      \_\_\_ License (must have passed the exam)                      \_\_\_ Reciprocal

**PLEASE PRINT**    **\*REQUIRED FIELD**

\*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.)*

\*Are you currently licensed as an Electrical 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 is subject to public disclosure. Said address will be used as such for the purposes of all correspondence from the DBS with the license/registration holder, as well as for the purposes of the Idaho Public Records Act. By providing this business address and submitting this application the successful applicant is considered by the Division to have acknowledged that DBS may disclose the address as a public record, and the applicant provides his/her consent to do so. As the DBS will utilize the address provided on this form for any official correspondence with the license or registration holder, please be sure to provide an address that will be accurate for the duration of license or registration period.

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. By signing here, the applicant and DBS mutually agree that the applicant has a maximum of 90 days in which to take the examination.

\*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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**ELECTRICAL EMPLOYER'S VERIFICATION FORM**

(Please use a separate form for each employer)

**SELF-VERIFICATION WILL NOT BE ACCEPTED**

Applicant's Legal Name: \_\_\_\_\_ License # if required: \_\_\_\_\_

Employer/Contractor: \_\_\_\_\_ License # if required: \_\_\_\_\_

Address: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Supervising Electrician: \_\_\_\_\_ License Number: \_\_\_\_\_

Dates of Verification: \_\_\_\_\_

From: (month/day/year)

To: (month/day/year)

**Total hours performing electrical work for this employer for the time period noted above:** \_\_\_\_\_

Are the above dates taken from payroll records: \_\_\_\_ Yes \_\_\_\_ No If No, please explain: \_\_\_\_\_

Were all jobs where the applicant worked inspected by a governmental authority: \_\_\_\_ Yes \_\_\_\_ No  
(Governmental Authority example: State Electrical Inspector/City Inspector)

If No, please explain: \_\_\_\_\_

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.)

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: \_\_\_\_\_