



APPLICATION FOR ELECTRICAL MASTER LICENSE

All previous licenses must have been obtained per State requirements.

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

In order to qualify for the Electrical Master exam an applicant must:

In State

- Submit proof of holding an Idaho Electrical Journeyman License for a minimum of four (4) years.
- Submit a complete, notarized application (included) and the \$15 (non-refundable) application fee.

Out-of-state

- Applicants who hold an out of state Electrical Journeyman License, but do not qualify for a reciprocal Electrical Master License (see below for reciprocity requirements), must first qualify for and pass the Idaho Electrical Journeyman exam, and purchase the license, before qualifying for the Idaho Master License exam.
- Once an applicant has obtained the Idaho Electrical Journeyman License, an application for the Electrical Master exam may be submitted along with proof of holding an Electrical Journeyman License in the non-reciprocal state for a minimum of (4) years.
- Submit a complete, notarized application (included) and the \$15 (non-refundable) application fee.

****Individuals who are from a state that does not require trade licensing, and who do not hold an Electrical Journeyman License, are not qualified to apply for the Idaho Electrical Master's exam.***

Upon application approval:

- Approval will be sent by email or mail. Please see our "Exams" tab on our website for further information.

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

- Hold an active Electrical Master's License in **Wyoming**. This license must have been held for a minimum of one (1) year.
- Submit a copy of his/her current Electrical Master License. This license must have been issued after passing the Electrical Master's exam in the reciprocating state.
- Submit a complete, notarized application (included) and pay the \$15 (non-refundable) application fee and the \$65 license fee.

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



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

APPLICATION FOR ELECTRICAL MASTER LICENSE

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

_____ TESTING

_____ RECIPROCAL (Applicants for a reciprocal license must submit a copy of their current Electrical Journeyman/Master license & documentation of experience. This license must have been issued after passing the Master electrical exam in the reciprocating state)

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 Master/Journeyman in another jurisdiction? Yes _____ No _____

* State: _____ *License Number: _____ *Date Issued: _____

*Expires: _____

Please be advised that 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 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 DBS to have acknowledged that DBS may disclose the address as a public record, and the applicant provides his/her consent to do so. 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.

*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: _____