



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

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 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

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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: _____



CREDIT CARD AUTHORIZATION FORM

Idaho Division of Building Safety
1090 E. Watertower St. Suite 150
Meridian, ID 83642
Phone: 1-800- 955-3044 Fax: 1-877- 810-2840
Email: customer.service@dbs.idaho.gov

I _____, authorize **The State of Idaho,**
(Please Print Card Holders Name)

Division of Building Safety, to charge my credit/debit card account in the amount of \$_____

**Please note there is an additional 3% charge for the use of your card through Access Idaho.*

This payment is for:

- | | |
|--|---|
| <input type="checkbox"/> License Application Fee _____
Applicant Name | <input type="checkbox"/> New Permit Fee _____
Job Site Address |
| <input type="checkbox"/> License Renewal Fee _____
License Number | <input type="checkbox"/> Fee Due on Existing Permit _____
Permit Number |
| <input type="checkbox"/> New License Fee _____
Applicant Name | <input type="checkbox"/> Other _____
Please Provide Detailed Information |

Cardholder Signature

Date

Contact Phone Number

Email Address for Receipt (Optional)

All Fields Below Are Required

Credit/Debit Card Number: _____

Expiration Date: _____ / _____ CVC # _____

Billing Address Zip Code: _____

**Your card information will not be retained for future transactions*