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
APPplication 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: __________________________
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 numbers 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________

______________________________ Signature of Notary Public

Commission Expires: ____________________________
CREDIT CARD AUTHORIZATION FORM

<table>
<thead>
<tr>
<th>License Number</th>
<th>Permit Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Name</td>
<td></td>
</tr>
<tr>
<td>Contact Phone Number</td>
<td></td>
</tr>
<tr>
<td>Email Address for Receipt (Optional)</td>
<td></td>
</tr>
</tbody>
</table>

License/Permit Application

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:

- ☐ License Application Fee  _______________________
  - Applicant Name

- ☐ New Permit Fee  _______________________
  - Job Site Address

- ☐ License Renewal Fee  _______________________
  - License Number

- ☐ Fee Due on Existing Permit  _______________________
  - Permit Number

- ☐ New License Fee  _______________________
  - Applicant Name

- ☐ 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