APPLICATION FOR PROVISIONAL JOURNEYMAN ELECTRICIAN

In order to qualify for the Provisional Journeyman Electrician’s license an applicant must:
- Submit a completed notarized application (included) and $15.00 (non-refundable) fee.
- Submit notarized documentation of eight (8) years (minimum of 16,000 hours) of verified work experience (form included).
- Applicant must not have previously been issued a Provisional Journeyman Electrician license.

Upon application approval:
- Approval will be sent by email to the email listed on the application.
- You will be required to pay the license fee of $55.00.

Provisional Journeyman Electrician’s licenses shall be issued for a period of six (6) months and shall expire six (6) months from the date issued, during which time a provisional journeyman electrician shall apply for and take the journeyman electrician examination.

A six (6) month renewal shall be issued upon application if:
- The applicant has taken, but failed to pass, the journeyman electrician examination within the six (6) month period OR - the applicant has failed to take the journeyman electrician examination within six (6) months and has shown that exceptional circumstances prevented the applicant from taking the journeyman electrician examination.
- A Provisional Journeyman Electrician’s license shall be issued and renewed only once. If the applicant fails to pass the Journeyman Electricians examination or fails to take the Journeyman Electrician examination within one (1) year from the date of issue of a Provisional Journeyman Electrician’s license, the applicant is no longer eligible to apply for a provisional journeyman electrician’s license.

*It shall be unlawful for any person to act as a Provisional Journeyman Electrician in this state until such person has received a provisional journeyman electrician’s license.

*Please be aware that applying for and receiving the Provisional Journeyman Electrician license will impact your future licensing in Idaho. Please contact our office for further details.
APPLICATION FOR PROVISIONAL JOURNEYMAN ELECTRICIAN

*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? No _____ Yes____

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.

*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
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: ___________________________
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:

☐ 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