



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

customer.service@dbs.idaho.gov

APPLICATION FOR ELECTRICAL APPRENTICE WORK REGISTRATION

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

An applicant who is or has been previously licensed as a journeyman or master electrician in any recognized jurisdiction shall not be issued electrical apprentice registration. The applicant may apply for the Electrical Journeyman license or Provisional Journeyman license.

To qualify for registration as an Electrical Apprentice, an applicant must:

- Be at least 16 years of age.
- Submit a completed notarized application (included).
- Pay the \$15 (non-refundable) license registration fee.

To advance to the next level of apprenticeship the applicant shall show proof of the following:

Apprentice: This is a first-time registration or a registration renewal of an individual who does not have the education and hours necessary to advance to Apprentice level 1. This person cannot have previously held a journeyman or master electrician license from a recognized jurisdiction.

Apprentice level 1: Is a registered apprentice who has submitted proof of completion of 2000 hours of verified work experience and completion of 1 year of an approved school.

Apprentice level 2: Is a registered apprentice who has submitted proof of completion of 4000 hours of verified work experience and completion of 2 years of an approved school.

Apprentice level 3: Is a registered apprentice who has submitted proof of completion of 6000 hours of verified work experience and completion of 3 years of an approved school.

Apprentice level 4: Is a registered apprentice who has submitted proof of completion of 8000 hours of verified work experience and completion of 4 years of an approved school. Apprentice level 4 are qualified to test for the Idaho Journeyman examination.

Any apprentice who can show proof of 16,000 hours of verified work experience is qualified to test for the Idaho Electrical Journeyman exam.



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

customer.service@dbs.idaho.gov

Please Note: Registration as an Electrical Apprentice is issued for a period of one (1) year. Hours will be credited only so long as the apprentice is actively registered with the Division of Building Safety. All hours shall be obtained while working under the constant on the job supervision of a journeyman electrician. All hours shall be obtained while working for a licensed Electrical Contractor, Facility Account or other entity legally authorized to make electrical installations.

Registration as an apprentice is not the same as a license or certificate of competency. No level of competence is implied by a registration.

For requirements to test for the Electrical Journeyman license see IDAPA 07.01.01.

IDAHO ELECTRICAL BOARD AND IDAHO CTEC APPROVED ELECTRICAL APPRENTICESHIP SCHOOLS

College of Southern Idaho	(800) 680-0274
College of Western Idaho	(208) 562-2700
College of Eastern Idaho	(208) 535-5345
Idaho State University	(208) 282-4636
IEC Idaho	(208) 608-4662
Lewis Clark State College	(208) 792-2220
North Idaho College	(208) 769-7735
Southwest Idaho Electrical JATC*	(208) 384-0538
Eastern Idaho Electrical JATC*	(208) 232-4300
Treasure Valley Community College Two locations	(208) 455-6820 Caldwell, ID (541) 881-8822 Ontario, OR

*Joint Apprenticeship and Training Committee



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

customer.service@dbs.idaho.gov

APPLICATION FOR ELECTRICAL APPRENTICE WORK REGISTRATION

***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.)

*Have you ever held an electrical license in another jurisdiction? No _____ Yes _____

If Yes, attach a copy of the license.

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.

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: _____



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

customer.service@dbs.idaho.gov

ELECTRICAL WORK VERIFICATION FORM

(Please submit 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 and Registration 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_____

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:

- | | |
|--|---|
| <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*