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.
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**

<table>
<thead>
<tr>
<th>School</th>
<th>Phone</th>
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<tbody>
<tr>
<td>College of Southern Idaho</td>
<td>(800) 680-0274</td>
</tr>
<tr>
<td>College of Western Idaho</td>
<td>(208) 562-2700</td>
</tr>
<tr>
<td>College of Eastern Idaho</td>
<td>(208) 535-5345</td>
</tr>
<tr>
<td>Idaho State University</td>
<td>(208) 282-4636</td>
</tr>
<tr>
<td>IEC Idaho</td>
<td>(208) 608-4662</td>
</tr>
<tr>
<td>Lewis Clark State College</td>
<td>(208) 792-2220</td>
</tr>
<tr>
<td>North Idaho College</td>
<td>(208) 769-7735</td>
</tr>
<tr>
<td>Southwest Idaho Electrical JATC*</td>
<td>(208) 384-0538</td>
</tr>
<tr>
<td>Eastern Idaho Electrical JATC*</td>
<td>(208) 232-4300</td>
</tr>
<tr>
<td>Treasure Valley Community College</td>
<td>(208) 455-6820</td>
</tr>
<tr>
<td>Treasure Valley Community College Two locations</td>
<td>(541) 881-8822</td>
</tr>
</tbody>
</table>

*Joint Apprenticeship and Training Committee*
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: _______________

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

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 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:

☐ 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

Revised 10/27/2020 DBS PERMIT CC AUTH FORM