



**STATE OF IDAHO DIVISION OF BUILDING SAFETY**

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**APPLICATION FOR TRANSFER PERMIT**  
**\$45.00 Non-Refundable fee**

\*All Fields Required\*

**ORIGINAL PERMIT HOLDER**

Date: \_\_\_\_\_ Permit Number: \_\_\_\_\_  
Applicant Name: \_\_\_\_\_ License Number: \_\_\_\_\_  
Jobsite Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Reason for Transfer: \_\_\_\_\_

**PERMIT TRANSFERRED TO:**

Applicant Name: \_\_\_\_\_ License Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Notarized Signature of Original Permit Holder (Applicant)**

**Date**

**THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC**

State of \_\_\_\_\_

The above individual appeared before me \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

NOTARY SEAL:

Signature of Notary Public

Commission Expires: \_\_\_\_\_