

STATE ATHLETIC COMMISSION
Idaho Division of Occupational and Professional Licenses
11341 W. Chinden Blvd., Bldg. #4, Boise ID 83714 or
P.O. Box 83720, Boise ID 83720-0063
Phone: (208) 334-3233 Website: <https://dopl.idaho.gov>
E-mail: atc@dopl.idaho.gov

APPLICATION INSTRUCTIONS FOR LICENSURE AS A MATCHMAKER

Please complete this form by providing the requested information (please print) and the required fees. Your signature must be notarized and any supporting documentation must be attached. Incomplete applications that do not include all the items required (excluding those items that must be sent directly to our office from an issuing authority) will delay licensure. Submit the completed form to the address noted.

Checklist for Matchmaker Application:

- Complete signed and notarized application with notary seal and required fees.
- Application fee of \$250.00. FEES ARE NOT REFUNDABLE. Please make checks and money orders payable to DOPL. All returned checks are subject to a \$20.00 fee and the application will be invalid.
- Proof of identification – a clear and readable copy of a government-issued photo ID such as a passport, military ID, or valid driver’s license is acceptable.
- If you answered ‘Yes’ to question #7, 8, or 9; Documentation as it relates to the question(s) for which you answered Yes.
- Copy of legal name change, if applicable (marriage license, divorce decree or court order). This is applicable if the name used on any accompanying documents, such as transcripts or proof of age, does not match the name on the application.
- Please keep a copy of this application for your records.

NOTE: ANY ACTIVITY PRIOR TO OBTAINING A VALID LICENSE IS UNLAWFUL AND MAY RESULT IN CRIMINAL PROSECUTION AND DENIAL OF YOUR RIGHT TO LICENSURE.

ATTENTION MEMBERS AND SPOUSES OF MEMBERS OF THE ARMED SERVICES

If you are a member of the armed forces, an honorably discharged veteran or the spouse of an active member or veteran of the military, you are entitled to certain benefits because of your service. Those benefits may include expedited processing of your application and credit for military training that is relevant to the occupational license/registration for which you are applying. For a full explanation of eligibility and a comprehensive description of benefits available, see [Idaho Code §§ 67-9401-9407](#). Additionally, active members of the military may be eligible for a waiver of renewal fees and other renewal requirements, see [Idaho Code § 67-2602A](#).

- To utilize experience or education gained in the military to qualify you for this license/registration, please attach a copy of your DD-214.

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APPLICATION FOR LICENSURE AS A MATCHMAKER

I hereby make application for licensure to practice as a matchmaker in the State of Idaho under the provisions of Title 54, Chapter 4, Idaho Code as amended. You must attach a check or money order made out to DOPL for \$250.00.

1. **Full Name** _____
2. **Address of Record**
 (The above address is public record) Street _____ City _____ State _____ Zip _____
3. **Mailing Address**
 (The above address is not a public record.) Street/PO Box _____ City _____ State _____ Zip _____
4. **Social Security No.** ____/____/____ **Date of Birth** ____/____/____
 (This is not a public record; required by I.C. § 73-122) mm dd yyyy (Proof of identification – a clear and readable copy of a government-issued photo ID such as a passport, military ID, or valid driver’s license must be attached.)
5. **Business Phone** (____) _____ **Other Phone** (____) _____ **E-mail** _____
 (The above phone number is a public record.) (The above phone number is not a public record.) (This is not a public record; required by I.C. § 67-2609.)
6. **Are you or your spouse an active member or honorably discharged veteran of the United States Armed Services?**
 (To utilize experience or education gained in the military to qualify you for this license/registration, please attach a copy of your DD-214.) () **Yes** () **No**
7. **Have you ever been convicted of any State or Federal felony?** () **Yes** () **No**
 (If yes, the Criminal Conviction Disclosure Form, official court documents, and probation and parole documents along with any other relevant information must be received with this application.)
8. **Have you ever had a license, or registration revoked, suspended or otherwise sanctioned?** () **Yes** () **No**
 (If yes, a copy of the charges and the final order must be received before your application will be processed.)
9. **Are you or have you ever been a user of or addicted to any habit forming or unlawful substance?** () **Yes** () **No**
 (If Yes, or the results of your urinalysis is positive, you must attach proof of participation in a recognized drug rehabilitation program.)

AFFIDAVIT

I hereby certify that I am the person named above and that I am of good moral character and temperate habits. I swear or affirm that the information provided on and attached to this application is true and accurate to the best of my knowledge and belief. I further certify that I have reviewed and will comply with the Idaho Laws and Rules governing the license and practice for which this application is being submitted. I also hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Division of Occupational and Professional Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license for which I am applying. I also hereby authorize the Division of Occupational and Professional Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be otherwise protected or confidential that may have bearing on my eligibility for or maintenance of any license issued subsequent to this application.

Signature of Applicant

State of _____, County of _____, ss.
 Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public Official Signature
 My Commission Expires _____

Note: The applicant’s signature must be notarized. The applicants must declare the answers provided are true in front of a notary (jurat). The language “subscribed and sworn” must appear before the applicant’s signature. An “acknowledgement” where the notary only verifies the identity of the applicant is not acceptable.