

IDAHO LIQUEFIED PETROLEUM GAS SAFETY BOARD

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: lpg@ibol.idaho.gov

INDIVIDUAL DEALER – IN –TRAINING LICENSE

INSTRUCTIONS

This application consists of the instruction page and one page that requires responses. Please read all questions carefully and complete the entire application by providing all of the requested information. Your signature must be notarized and the appropriate fees must be attached. Be sure to attach any requested supplemental information. Submit the completed form to the address noted-above. **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.** Processing will be delayed for applications that do not include a social security number or other documentation required under Idaho Code § 73-122.

When you file your application, you must also submit the following:

1. Proof of age – a clear and readable color copy of a government-issued photo ID such as a passport, military ID, or valid driver’s license is acceptable
2. Fees totaling \$80.00

APPLICATION FEE	\$ 30.00
ORIGINAL INDIVIDUAL LICENSE FEE	\$ 50.00

Note: All returned checks are subject to a \$20 fee.

If you are issued a dealer-in-training license, please note that the license will expire 18 months from the date of issuance, and is non-renewable. For more information about the dealer-in-training license, please see Rule 250.

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](#).

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.

If the name on your application does not match the proof of age document or the transcripts, please provide proof of the name change in the form of a marriage certificate, divorce decree or court order.

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APPLICATION FOR LIQUEFIED PETROLEUM GAS (LPG) DEALER – IN – TRAINING LICENSE

I hereby apply for a dealer-in-training license under Idaho Code Title 54, Chapter 53.

1. Applicant’s Full Name (Mr., Mrs., or Ms.) _____

2. Name of the LPG Facility Where the Applicant Will Work _____

3. Supervisor’s Name _____ **and LPG Dealer License #** _____

4. Address of Record _____

(This address is a public record.) Street City State Zip

5. Mailing Address _____

(Only a public record if no address of record provided above.) Street/PO Box City State Zip

6. Individual: Date of Birth ____/____/____ **Social Security No.** ____/____/____

mm dd yyyy (This is not a public record; required by Idaho Code § 73-122.)

(Proof of age – a clear and readable color copy of a government-issued photo ID such as a passport, military ID, or valid driver’s license must be attached.)

7. Business phone (____) _____ **Cell phone** (____) _____

(The above number is a public record.) (The above number is not a public record.)

8. E-mail _____

(This is not a public record; required by I.C. § 67-2609.)

9. 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

10. Have you ever held a license or been registered as an LPG dealer or for an LPG facility in any jurisdiction (any city, county, state or federal entity)? () Yes () No

(If Yes, list the jurisdictions & license numbers.)

11. Have you ever had an LPG dealer or facility license or registration revoked, suspended or otherwise sanctioned by any jurisdiction (any city, county, state, or federal entity) within the past 5 years? () Yes () No

(If Yes, a copy of the charges and final order must be received by the Board directly from each issuing authority.)

12. Have you ever been convicted, whether by plea (including a “no contest” or similar plea), court finding, or jury verdict, of a felony (regardless of whether you received a withheld judgment or suspended sentence)? () 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.)

AFFIDAVIT

Upon oath I certify each of the following: (1) the responses and information provided in this application and in the attached addendum(s) and documentation are true and correct to the best of my knowledge; (2) I am the applicant named in and who has signed this application; (3) I am a United States citizen or a legal permanent resident or I am otherwise lawfully present in the United States; (4) I have read and will conform to the Laws and Rules governing the profession for which I am seeking a license or authority to practice; (5) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws or Rules governing the profession for which I am seeking a license or authority to practice shall constitute cause sufficient for denial, suspension, cancellation or revocation of any license or authority applied for or granted to me; (6) I will provide additional or corrected information if material changes occur which would cause responses or information provided in or with this application to be inaccurate or incomplete; (7) I authorize and direct any person, agency, firm, or other entity to release, upon the request of the Idaho 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 or authority for which I am applying and hereby release and exonerate any of them from any liability of any kind resulting from the release or collection thereof; and (8) I 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 protected or confidential that may have bearing on my eligibility for or maintenance of any license or authority issued or applied for in this or any jurisdiction and hereby release and exonerate them from any liability of any kind resulting from the release thereof.

Print Applicant Name 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 _____