



State of Idaho
Division Of Occupational and Professional Licenses
Idaho Electrical Board

BRAD LITTLE
Governor
RUSSELL BARRON
Administrator

11341 W Chinden Blvd.
P.O. Box 83720
Boise, ID 83720-0063
(208) 334-3233
dopl.idaho.gov

Master Electrician License Application Instructions

Master Electrician applicants have two pathways for licensure, outlined below. A passing examination score may be required prior to the issuance of a license.

Please review the following information carefully prior to submitting your application.

Experience Pathway

1. Have you held an Electrical Journeyman license for at least 4 years? Yes No

Reciprocity Pathway

1. License Verification Form completed by the state of licensure. Verification must show: Yes No
- Proof of licensure by examination
 - Proof the Journeyman license has been held for a minimum of 4 years
 - Status of Master license (Must be Active)
 - Date license was originally issued



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Master Electrician License Application

Statutes and Rules governing the Idaho Electrical Board can be viewed at <https://dopl.idaho.gov>. It is your responsibility to ensure you read and understand the requirements to perform work in Idaho. Please be sure to keep a copy of this application for your records. Licenses are non-transferable.

Select Application Type:

- Initial/Testing
(\$15.00 processing fee)
- Reciprocal
(\$15.00 processing fee)
- Reopen Closed License
(\$15.00 processing fee)

All fields within this application are required. If any field is left blank, the application will not be processed.

Name (Last/First/Middle Initial): _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____
(Required by Idaho Code § 73-122)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____
(Required by Idaho Code § 67-2609)

Are you or your spouse an active member or honorably discharged veteran of the United States Armed Services? Yes No

Are you currently licensed as a Master Electrician in another jurisdiction?
If yes, a **License Verification Form** completed by the state of licensure must be submitted with this application; A copy of your license cannot be accepted. Yes No

Have you held an active Electrical Journeyman License for at least 4 years? Yes No

Electrical Journeyman License Number: _____

Checklist for Applicants:

- Non-Refundable Processing Fee (Do not send cash)
 - Completed and Signed Application
 - License Verification Form, if applicable
 - Proof of Military or Veteran Status (DD-214), if applicable
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Certification

I hereby certify, to the best of my knowledge, the information on this application is true and correct. I understand my license may be suspended, revoked, or otherwise disciplined if it was obtained through false information. I further understand the Division of Occupational and Professional Licenses may release information contained in licensing applications as required by law. I understand that I have one (1) year from the date of this application to take and pass the required licensing examination and that I will be required to submit a new application at the expiration of that period.

Signature of Applicant

Date

Send completed application via

Email: customer-service@dopl.idaho.gov

Mailing Address:

Idaho Division of Occupational and Professional Licenses
C/O Trade Licensing
PO Box 83720
Boise, ID 83720-0063

In-Person:

11341 W Chinden Blvd. Boise, ID 83714
1250 Ironwood Dr. Ste 220 Coeur d'Alene, ID 83814
155 N. Maple St. Blackfoot, ID 83221



CREDIT CARD AUTHORIZATION FORM

Idaho Division of Occupational & Professional Licenses
11341 W Chinden Blvd, Bldg #4
Boise, ID 83714
Phone: 208-334-3950
Email: customer-service@dopl.idaho.gov

I, _____, authorize The State of Idaho Division of Occupational & Professional Licenses 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/Registration Application Fee | <input type="checkbox"/> New License Fee |
| <input type="checkbox"/> New Permit Fee | <input type="checkbox"/> License Renewal Fee |
| <input type="checkbox"/> Fee Due on Existing Permit | <input type="checkbox"/> Other: _____ |

Credit Card Number:

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Expiration Date:

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CVC:

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Billing Address Zip Code:

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Cardholder Signature

Date

Phone Number

Email Address for Receipt