



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

Provisional Journeyman Application Instructions

Provisional Journeyman's licenses are issued for a period of six (6) months and expires six (6) months from the date issued, during which time a provisional journeyman should apply for and take the journeyman electrician examination.

Do you meet the following requirements for licensure?

1. Work Verification Form(s) proving 16,000 hours of electrical installation work has Yes No been completed.*

A six (6) month renewal can be issued if:

- The applicant has taken, but failed to pass, the journeyman electrician examination within the six (6) month period; or
- The applicant has failed to take the journeyman electrician examination within six (6) months and has shown that exceptional circumstances prevented the applicant from taking the journeyman electrician examination.

A Provisional Journeyman's license can be issued and renewed only once. If the applicant fails to pass the Journeyman Electrician examination or fails to take the Journeyman Electrician examination within one (1) year from the original date of issuance of a Provisional Journeyman's license, the applicant is no longer eligible to apply for a provisional journeyman's license.

*Work experience in appliance repair, motor winding, or communications will not count towards the requirements to obtain a provisional journeyman or journeyman license.



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

Provisional Journeyman Application

Statutes and Rules governing Electrical can be viewed at <https://dopl.idaho.gov>. Idaho Statutes and Rules are subject to change, and 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
(\$15.00 processing fee)

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

Applicant Legal Name: _____

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

Mailing Street Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Applicant 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 an Electrical Journeyman 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 previously held an Idaho Provisional Journeyman License? Yes No

The following documentation must be submitted with this application:

- Non-Refundable Processing Fee (Do not send cash)
- Complete and Signed Application
- Work Verification Form(s)
- License Verification Form from another state, if applicable
- Proof of Military or Veteran Status (DD-214), if applicable

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 six (6) months from the date of this application to take and pass the required licensing examination.

Signature of Applicant

Date

Send your application via

Email: customer-service@dopl.idaho.gov

Postal Mail:

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

Work Verification Form – Provisional Journeyman Licensure

Complete a separate form for each employer and/or state where work experience was obtained.

Applicant Full Legal Name: _____

Applicant License/Registration Number: _____

Employer: _____

Business Address: _____

Business Phone: _____ Business Email Address: _____

Supervising Electrician Name: _____

Supervising Electrician License Number: _____

Number of Hours Worked

Work experience in appliance repair, motor winding, or communications will not count towards the requirements to obtain a provisional journeyman or journeyman license.

Dates of Verification: ____ / ____ / ____ to ____ / ____ / ____
mm dd yyyy mm dd yyyy

Total Number of Electrical Installation Experience Hours: _____ hours

Was all work completed in the state of Idaho? Yes No

If no, list the state where the work was completed: _____

Note: If claiming overtime, a paycheck stub identifying hours worked must be provided upon request.

Certification

Upon oath I certify each of the following: the responses and information provided in this verification are true and correct to the best of my knowledge; falsification of any information could lead to discipline including but not limited to revocation of licensure; and any of the hours submitted are subject to additional verification.

Verifier Printed Name (if other than applicant): _____

Verifier Signature: _____ Date: _____



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:

| | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|---|--|--|--|--|--|---|--|--|--|--|---|--|--|--|--|--|--|
| | | | | | - | | | | | | - | | | | | - | | | | | | |
|--|--|--|--|--|---|--|--|--|--|--|---|--|--|--|--|---|--|--|--|--|--|--|

Expiration Date:

| | | | | |
|--|--|---|--|--|
| | | / | | |
|--|--|---|--|--|

CVC:

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

Billing Address Zip Code:

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Cardholder Signature

Date

Phone Number

Email Address for Receipt