



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

## Limited Electrical Contractor Application Instructions

Limited Electrical Contractor applicants have several pathways for licensure outlined below. Both the Individual Limited Contractor and Entity Limited Contractor Pathways require a passing examination score prior to the issuance of a license.

Do you meet the following requirements for licensure?

### Individual Contractor Pathway

1. Do you hold an active Idaho Limited Electrical Installer license?  Yes  No

### Entity Contractor Pathway

1. Is the designee a supervisory employee of the company?  Yes  No
2. Does the company employ at least one active Idaho licensed Limited Electrical Installer?  Yes  No

Upon application approval:

- Exam information will be sent to the applicant.

Upon passing the exam an applicant must:

- Submit proof of \$300,000 Liability Insurance and Worker's Compensation Insurance or statement of exemption for Worker's Compensation (if applicable).
- Pay the \$125 license fee



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### Limited Electrical Contractor Application

Statutes and Rules governing Electrical 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)
- Designee Change  
(\$15.00 processing fee)

Select License Type:

- Individual
- Business Entity

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

License Type (select one):

- Solar Photovoltaic
- Sign
- Limited Energy
- Irrigation Sprinkler
- Well Driller/Water Pump Installer
- Outside Wireman (Lineman)
- Elevator, Dumbwaiter, Escalator, or Moving-Walk
- Manufacturing/Assembling Equipment
- Refrigeration, Heating, and Air-Conditioning

Name of Designee: \_\_\_\_\_  
(Representative taking the examination)

Select One:

- Applying as an Individual
- Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Required by Idaho Code § 73-122)

**OR;**

- Applying as a Business Entity
- Company Name: \_\_\_\_\_
- ETIN: \_\_\_\_\_ - \_\_\_\_\_

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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

Do you hold or employ someone who holds an active licensed Idaho Limited Electrical Installer an active Idaho Limited Installer License?  Yes  No

Licensee Name: \_\_\_\_\_ License Number: \_\_\_\_\_

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The following documentation must be submitted with this application:

- Non-Refundable Processing Fee (Do not send cash)
  - Complete and Signed Application
  - 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.

If applying on behalf of a business entity, I certify I am a full-time supervisory employee of the above-listed company. I am not currently designated by any other company to be their representative.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Designee

\_\_\_\_\_  
Date

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### Send your application via

**Email:** [customer-service@dopl.idaho.gov](mailto: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



## 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](mailto: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: _____        |

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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

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Date

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Phone Number

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Email Address for Receipt