

## Work Verification Form – Electrical 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: \_\_\_\_\_

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### 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.

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### 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: \_\_\_\_\_

**Send completed verification via email: [tradelicensing@dopl.idaho.gov](mailto:tradelicensing@dopl.idaho.gov)**