

IDAHO BOARD OF DRINKING WATER AND WASTEWATER PROFESSIONALS

Idaho Division of Occupational and Professional Licenses

11341 W. Chinden Blvd., Building #4 Boise ID 83714 or

P.O. Box 83720, Boise ID 73720-0063

Phone: (208) 334-3233 Website: <https://dopl.idaho.gov>

E-mail: wwp@ibol.idaho.gov

APPLICATION FOR APPROVAL OF AN APPRENTICESHIP TRAINING PROGRAM

Please complete this form by providing the requested information (please print). Your signature must be notarized. 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.**

1. Name of Apprenticeship Program Sponsor _____

2. Contact Person (Applicant) _____ **Title** _____

3. Business Mailing Address _____
Street/PO Box City State Zip

4. Business Phone (____) _____ **E-mail** _____
(This number is a public record.)

5. Is the Apprenticeship Program registered with the U.S. Department of Labor? () Yes () No
Please provide proof of registration.

6. The applicant has carefully reviewed Board Rule 300 (IDAPA 24.05.01), which discusses requirements for licensure and apprenticeship training program requirements, and will comply with those requirements. () Yes () No

7. Please attach an outline of the proposed apprenticeship instruction and training program, demonstrating that the program and instructors meet the requirements in Rule 300.

AFFIDAVIT

Upon oath I certify that: (1) I am the applicant named in and who has signed this application; (2) I am a United States citizen or a legal permanent resident or I am otherwise lawfully present in the United States; (3) I have read and will conform to the laws, rules and ethical requirements governing the profession for which I am seeking a license or authority to practice; (4) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any laws, rules or ethical requirements 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; (5) 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; (6) 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; (7) 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; and (8) every statement made and all information presented in this application and any addendum or other attachment submitted herewith is true and correct.

Printed Name of Contact Person

Signature of Contact Person

State of _____, County of _____, ss

Subscribed and sworn before me this ____ day of _____, 20 ____

(seal)

Notary Public Official Signature
My Commission Expires _____