



State of Idaho
Division Of Occupational and Professional Licenses
General Contractors 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

Business Contractor Registration Application

If you are NOT a business entity, including but not limited to general or limited partnerships, LLPs, LLCs, and corporations, you must use the **Individual Contractor Registration Application**.

Statutes and Rules governing Contractor Registration can be viewed at <https://dopl.idaho.gov> under the Contractors link. Please be sure to keep a copy of this application for your records. Registrations are non-transferable.

List of Idaho Contracting Types

The code you choose does not limit the work you perform. Regardless of the code selected, registrants may perform any practice of construction covered under the applicable Idaho Statutes and Rules.

Pursuant to the Idaho Contractor Registration Act, all individuals and entities registered with the Idaho Contractors Board are registered as “contractors”. A contractor’s self-characterization as a “general contractor type” or “subcontractor type” does not mean it is a general contractor or subcontractor for purposes of the Residential Real Property Lien Disclosure Law (Idaho Code § 45-525). That determination depends on the nature of the individual contract between the contractor and the homeowner, prospective real property purchaser or another contractor.

Public Works and Construction Managers are required to be licensed with the Board of Public Works and need only register with the Idaho State Contractors Board if doing work outside of that license. **Fire Protection Sprinkler contractors are required to be licensed with the Department of Insurance State Fire Marshal** and need only register with the Idaho State Contractors Board if doing work outside of that license.

GENERAL CONTRACTOR TYPES:

- 001 General Commercial Builder
- 002 General Residential Builder
- 003 General Remodel Builder
- 004 Supplier

SUBCONTRACTOR TYPES:

- | | | |
|-------------------------------------|----------------------------------|-------------------------------|
| 010 Demolition/Abatement/Mitigation | 200 Wallpapering | 350 Decks |
| 020 Excavation/Trenching/Site Prep | 210 Cabinets/Countertops | 360 Ornamental Iron/Railings |
| 030 Septic Systems | 220 Finish Labor | 370 Carports |
| 040 Water Well Systems | 230 Finish Hardware/Mirrors | 380 Asphalt Paving |
| 050 Roads/Driveways | 240 Stairway Systems | 390 Fencing/Gates/Barriers |
| 060 Footings/Foundation | 250 Closet Systems | 400 Landscaping/Sprinklers |
| 070 Waterproofing | 260 Acoustical Ceilings | 410 Pools/Spas |
| 080 Concrete Flatwork | 270 Finish Flooring Installation | 420 Tanks/Containers |
| 090 Framing Labor & Rough Carpentry | 280 Fireplaces/Woodstoves | 430 Signage |
| 100 Structural Steel/Metal Studs | 290 Elevators/Dumb Waiters | 440 Log Structures |
| 110 Roofing | 300 Fire Protection Systems | 450 Pre-Engineered Structures |
| 140 Alarm/Av/Data Systems | 310 Appliance Installation | 460 Welding |
| 160 Insulation | 315 Cleaning Services | 470 Heavy Equipment |
| 170 Doors/Windows | 320 Siding/Soffits/Facias | 500 Handyman |
| 180 Drywall/Plaster | 330 Gutters | |
| 190 Painting/Wall Coverings | 340 Stucco/Masonry/Tile | |



State of Idaho
Division Of Occupational and Professional Licenses
General Contractors 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

Business General Contractor Registration Application

Applicant Name (First & Last): _____

Full Legal Business Name: _____

Business Structure: Partnership Corporation LLC LLP

Employer Tax Identification Number (EIN): ____ - _____
(Required by I.C. § 73-122)

Business Address: _____
(This is your Address of Record and is a public record. Include the Street Address, City, State, and Zip Code)

Mailing Address: _____
(Will be a public record if no Business Address above. Include the Street Address, City, State, and Zip Code)

Construction Type: _____
(Use the attached list and choose only *one* category that best describes your business.)

Business Phone: _____
(The above phone number is a public record.)

Cell Phone: _____
(The above phone number is not a public record.)

Applicant Email: _____
(Required by I.C. § 67-2609.)

Business Owner List: Provide the first and last name of each owner.
NOTE: A business entity cannot be listed as the owner.

Name:	_____
Name:	_____
Name:	_____

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

Does this business have a current Public Works or Construction Manager license in Idaho issued by the Division of Occupational and Professional Licenses? Yes No

If yes, what is your license number? _____

Has the applicant or anyone with an interest in the applicant ever had a contractor license or registration denied, surrendered, suspended, revoked, or otherwise disciplined in any state, including Idaho, or other jurisdiction? Yes No
(If yes, complete and submit the Disclosure Form with this application)

Have you ever received a conviction, finding of guilt, withheld judgment or suspended sentence for any felony in any state, including Idaho, or other jurisdiction? Yes No
(If yes, complete and submit the Disclosure Form with this application)

The following documentation must be submitted with this application:

Processing fee of \$50.00 (Do not send cash)

Certificate of General Liability Insurance (COI) including products and completed operations coverage of not less than \$300,000.00 single limit. Do not list DOPL as a certificate holder – List the insured as the certificate holder.

Worker’s Compensation Insurance Policy **OR**

Statement of Exemption: _____

(Explain why such coverage is not required (e.g., no employees) under the laws governing worker’s compensation - Idaho Code §§ 72-101 – 72-230)

Denial, Surrender or Revocation Documentation from another state, if applicable

Disclosure Form, if applicable

Make checks payable to: **Idaho DOPL**

Mail to: **Division of Occupational & Professional Licenses**
C/O General Contractors Board
PO Box 83720
Boise, ID 83720-0063

Certification

I hereby certify, to the best of my knowledge, the information on this application is true and correct. I understand my registration 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 applications as required by law. I understand that I have one (1) year from the date of this application to provide all application materials before the application will be terminated. I will be required to submit a new application at the expiration of that period.

Signature of Applicant

Date



State of Idaho
 Division Of Occupational and Professional Licenses
 General Contractors 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

**Disclosure Statement for
 Denial, Surrender or Revocation of a License/Registration or Felony Conviction**

Select: Denial, Surrender, or Revocation Felony Conviction

Applicant Name: _____

If completing this form due to a denial, suspension, or revocation you must attach the board order and supporting documentation from the state where the action occurred.

Felony Conviction			
Maiden Name/Aliases:			
Conviction Date:		Case/Docket Number:	
Court Name and Location:			
Crime:			
Are you listed on the Idaho Sex Offender Registry?	Yes	No	
Sentence: (Punishment imposed by the court)			
Incarceration Date:		Release Date:	
Probation/Parole Date:		Release Date:	
Fines (amount):	\$	Have these fines been paid?	Yes No
Restitution (amount):	\$	Have these fines been paid?	Yes No
Brief description of the crime:			
Rehabilitation Efforts: (What positive changes have you made in your life since this conviction?)			
Denial, Surrender or Revocation of a License/Registration			
Date of occurrence:		State:	
Explanation:			
Certification:	Yes, I have attached board documentation regarding disciplinary action that occurred in another state.		