



# State of Idaho

## Division Of Occupational and Professional Licenses Idaho Heating, Ventilation, and Air Conditioning 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

### **HVAC Journeyman Application Instructions**

HVAC Journeyman applicants have several pathways for licensure outlined below. Both the Idaho Apprenticeship School and Work Experience Pathways require a passing examination score prior to the issuance of a license.

Do you meet the following requirements for licensure?

#### **Idaho Apprenticeship School Pathway**

1. Attended and completed 576 hours of instruction at a board approved HVAC Apprenticeship Program:  Yes  No

<input type="checkbox"/> College of Southern Idaho	<input type="checkbox"/> HVACR Education Online
<input type="checkbox"/> College of Western Idaho	<input type="checkbox"/> Northwest HVAC/R
<input type="checkbox"/> College of Eastern Idaho	<input type="checkbox"/> SE Idaho Sheet Metal JATC
<input type="checkbox"/> Idaho State University	<input type="checkbox"/> SW Central Idaho Sheet Metal JATC
<input type="checkbox"/> Lewis-Clark State College	<input type="checkbox"/> SW Idaho JATC
<input type="checkbox"/> North Idaho College	<input type="checkbox"/> Ultimate Heating and Air
<input type="checkbox"/> Porter House Inc. - (Shelley and Mountain Home)	
  
2. Work Verification Form verifying 8,000 hours of supervised HVAC installation work has been completed.  Yes  No

NOTE: Applicants may take the examination upon completion of 576 hours of approved instruction, however, a license will not be issued until the applicant provides DOPL with proof of 8,000 hours of supervised HVAC installation work.
  
3. Held an active Idaho HVAC Apprentice Registration while completing the required 8,000 hours of supervised work.  Yes  No

#### **Work Experience Pathway**

1. Work Verification Form verifying 16,000 hours of supervised HVAC installation work has been completed.  Yes  No

Upon approval of your application, you will receive examination information.



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## HVAC Journeyman Application

Statutes and Rules governing the Idaho HVAC Board 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 (\$35.00 processing fee)       Reopen Closed License (\$35.00 processing fee)

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

Name (First, Middle Initial, Last): \_\_\_\_\_

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

Applicant Checklist:

- Non-Refundable Processing Fee (do not send cash)
- Complete Application
- Work Verification Form(s)
- Certificate of Completion from an Idaho Apprenticeship School, if applicable
- 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.

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Signature of Applicant

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Date

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**Send your application via:**

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

**Mailing Address:**

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 – HVAC Journeyman Licensure

Complete a separate form for each employer where work experience was obtained.

Applicant Full Legal Name: \_\_\_\_\_

Applicant License/Registration Number: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Supervising Journeyman Name: \_\_\_\_\_

Supervising Journeyman License Number: \_\_\_\_\_

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### Number of Hours Worked

Dates of Verification: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mm dd yyyy mm dd yyyy

Total Number of HVAC 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 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](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