



# 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 Specialty Apprentice Registration Application

Hours will only be credited so long as you are actively registered with the Division of Occupational and Professional Licenses.

Statutes and Rules governing HVAC Specialty Apprentices 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. Registrations are non-transferable.

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

Name (First, Middle, 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

The following documentation must be submitted with this application:

- \$20.00 Non-Refundable Processing Fee (Do not send cash)
- Complete and Signed Application

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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 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 licensing applications as required by law.

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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)

**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