



## 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 Contractor Application Instructions

Please review the instructions carefully. An HVAC specialty contractor may be licensed as an individual or as a business entity. If an application is being made on behalf of a business entity, the applicant submitting the application must represent the entity for examination.

Below are the qualifications for licensure as an individual or entity. Please review the information prior to submitting an application.

### Individual Contractor

1. Do you hold an active Idaho HVAC Specialty Journeyman license?  Yes  No

### Entity Contractor

1. Does the applicant hold or does the entity employ at least one active Idaho licensed HVAC Specialty Journeyman?  Yes  No

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

After passing the examination, all applicants must submit proof of:

1. \$2,000 HVAC contractor bond

The applicant must also pay a \$225 license fee prior to receiving a license. License fees are non-refundable. Applications expire one year after the date of application.

\*Specialty Contractors are permitted to install hearth appliances, and non-duct connected oil furnaces, the associated fuel gas piping, and venting dedicated exclusively thereto. This license does not include any plumbing, electrical or duct work.



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### HVAC Specialty Contractor 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/Testing (\$35.00 processing fee)       Reopen Closed License (\$35.00 processing fee)

Select License Type:

- Individual       Business Entity

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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): \_\_\_\_\_  
(NOTE: The applicant will be taking the examination)

Select One:

- Applying as an Individual (sole proprietorship)      Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Required by Idaho Code § 73-122)

**OR;**

- Applying as a Business Entity      Company Name: \_\_\_\_\_

ETIN: \_\_\_\_\_ - \_\_\_\_\_

Business Structure:  Partnership       Corporation       LLC       LLP

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Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ 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

Do you or an employee hold an active Idaho HVAC Specialty  
Journeyman license?

Yes  No

Licensee Name: \_\_\_\_\_ License Number: \_\_\_\_\_

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Applicant checklist:

- Non-Refundable Processing Fee (Do not send cash)
  - Complete and Signed Application
  - 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.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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**Send completed 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



## 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