



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 Journeyman Application Instructions

HVAC Specialty Journeyman applicants have two pathways for licensure outlined below.

Do you meet the following requirements for licensure?

Education Pathway

1. Completed 60 hours of education in fuel gas code and piping installation methods. Yes No
2. Work Verification Form(s) verifying 2,000 hours of supervised specialty HVAC installation work has been completed. Yes No

Examination Pathway

1. Pass the board approved examination after approval of this application. Yes No
2. Work Verification Form(s) verifying 2,000 hours of supervised specialty HVAC installation work has been completed. Yes No

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

*Specialty Journeyman 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.



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 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)

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 Showing 60hrs of Education, if applicable
- Proof of Military or Veteran Status (DD-214), if applicable

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.

Signature of Applicant

Date

Send your application via:

Email: 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 Specialty 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: _____

Number of Hours Worked

Dates of Verification: ____ / ____ / ____ to ____ / ____ / ____
mm dd yyyy mm dd yyyy

Total Number of HVAC Specialty Installation Experience Hours: _____ hours

Detailed description of work performed:

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.

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

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: _____ |

Credit Card Number:

	-		-		-	
--	---	--	---	--	---	--

Expiration Date:

		/		
--	--	---	--	--

CVC:

--	--	--	--

Billing Address Zip Code:

--	--	--	--	--

Cardholder Signature

Date

Phone Number

Email Address for Receipt