



STATE OF IDAHO DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

P.O. BOX 83720
Boise, Idaho
83720-0063
(208)334-3950

dopl.idaho.gov
dbs.idaho.gov

APPLICATION FOR TRANSFER PERMIT
\$45.00 Non-Refundable fee

All Fields Required

ORIGINAL PERMIT HOLDER

Date: _____ Permit Number: _____

Applicant Name: _____ License Number: _____

Jobsite Address: _____

City: _____ Zip Code: _____

Phone: _____ Email Address: _____

Reason for Transfer: _____

PERMIT TRANSFERRED TO:

Applicant Name: _____ License Number: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____ Email Address: _____

Notarized Signature of Original Permit Holder (Applicant)

Date

THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC

State of _____

The above individual appeared before me _____ day of _____, 20_____

NOTARY SEAL:

Signature of Notary Public

Commission Expires: _____

STATE OF IDAHO
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSES



CREDIT CARD AUTHORIZATION FORM

Idaho Division of Occupational and Professional
Licenses
P.O. BOX 83720
BOISE, ID 83720-0063
Phone:(208)334-3950
Email: customer-service@dopl.idaho.gov

Please email or mail all license applications, permit applications, fees, or forms to the Boise office.

I _____, authorize **The State of Idaho,**
(Please Print Card Holders Name)

Division of Occupational and Professional Licenses, to charge my credit card account in the amount
of \$_____.

This payment is for _____.
(Individual/Company's name payment needs to be applied towards.)

- Elevator Fee** – State ID Number _____
- License Fee** – License Number _____
- Permit Number** _____
- Application:** PERMIT LICENSE
- NOV Case Number** _____
- Other** _____

Cardholder's Signature

Date

All Fields Below Are Required

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Debit Cards Accepted – Processed as a Credit

Credit Card Number: _____

Billing Address Zip Code: _____

Expiration Date: _____/_____
CVC # _____
(CVC: Card Verification Code) this is the 3digit code located on the back of your card

Contact Phone Number _____

Please note there is an additional 3% charge for the use of your card through Access Idaho.