



State of Idaho
Division Of Occupational and Professional Licenses
Idaho Plumbing 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

Plumbing Specialty Journeyman Application Instructions

Plumbing Specialty Journeyman applicants have several pathways for licensure outlined below. Both 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 (Appliance Specialty Only)

1. Attended and completed 72 hours of instruction at a board approved Plumbing Apprenticeship Program: Yes No
 College of Western Idaho (Appliance Specialty)
2. Work Verification Form proving 3,000 hours of supervised specialty plumbing installation work has been completed. Yes No
3. Held an active Idaho Plumbing Specialty Apprentice Registration while completing the required 3,000 hours of supervised work. Yes No

Work Experience Pathway

1. Work Verification Form proving 6,000 hours of supervised specialty plumbing installation work has been completed. (Appliance Specialty Only) Yes No
2. Work Verification Form proving 3,000 hours of supervised specialty plumbing installation work has been completed. (Water Pump Specialty Only) Yes No
3. Held an active Idaho Plumbing Specialty Apprentice Registration while completing the required hours of supervised work. Yes No



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Plumbing Specialty Journeyman Application

Statutes and Rules governing the Idaho Plumbing 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 (\$22.50 processing fee) Reopen Closed License (\$22.50 processing fee)

Select License Type:

- Appliance Specialty Water Pump Specialty

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

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 – Plumbing 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 Plumbing Specialty Installation Experience Hours: _____ hours

Was all work completed in the state of Idaho? Yes No

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:

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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

Date

Phone Number

Email Address for Receipt