



State of Idaho  
Division of Occupational and Professional Licenses  
Idaho Plumbing Board

**BRAD LITTLE**  
Governor  
**RUSSELL BARRON**  
Administrator

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P.O. Box 83720  
Boise, ID 83720-0063  
(208) 334-3950  
dopl.idaho.gov

### Work Verification Form-Plumbing 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: \_\_\_\_\_

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#### Number of Hours Worked

Work experience in pipe fitting and appliance plumbing specialty work will not count towards the requirements to obtain a journeyman license.

Dates of Verification: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mm dd yyyy mm dd yyyy

Total Number of Plumbing 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.

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#### 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: \_\_\_\_\_

Send completed verification via email: [tradelicensing@dopl.idaho.gov](mailto:tradelicensing@dopl.idaho.gov)