



State of Idaho
Division of Occupational and Professional Licenses
Public Works Contractors 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

Application for License as a Construction Manager

Applicant's Instructions and Information

(Please read carefully prior to completing this application)

1. **License Act**-Applicant shall become familiar with the provisions of Title 54, Chapter 45, Idaho Code, "The Public Works Construction Management Licensing Act."
2. **Application Form**-The application form provided shall be complete in all details, type-written or printed clearly.
3. **Name of the Applicant**-Applicant's name shall appear on the application form. The License Certificate will be issued in the name of the applicant shown on the application form.
4. **Fee**-The license fee is \$200.00. All checks shall be made payable to: Division of Occupational and Professional Licenses (DOPL) Public Works Contractor Board.
5. **Education and/or Experience**-The Public Works Construction Management Licensing Act, 54-4505, requires that you hold a Bachelor's Degree in Architecture, Engineering, or Construction from a College or University that has an education program in architecture, engineering, or construction management, as the case may be, accredited by a national accrediting organization, and, they have (a) a minimum of four (4) years' of experience in managing construction projects; or (b) have a minimum of five (5) years' experience in managing construction projects.
6. **Transcripts**-Official transcripts are to be submitted with your application. Official Transcripts may also be sent directly to the Division of Occupational and Professional Licenses by the school.
7. **Standard Letter of Reference**-Your work experience must be verified by the Standard Letters of Reference. Please send one to each of your project supervisors or client contacts. You must submit at least three (3) Standard Letters of Reference.



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8. **Examinations**-All applicants are required to take and pass both written examinations.

9. **ADA Compliance**-In compliance with the Americans with Disabilities Act, individuals who need special services that may require special needs should identify themselves. For assistance and further information call (208) 334-3950 and ask for the Test Administrator. If individuals ask for assistance in accommodating disabilities, they should be accommodated as much as is reasonably justifiable.

Applicant Name: _____
(Please print or type your name as you would like it to appear on your license certificate upon approval)

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Social Security Number: ____ - ____ - ____ or EIN/Tax ID Number: ____ - _____

Current Employment

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-Mail: _____

Position/Title: _____

Date Started/Present Position: _____



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Education

Complete this section beginning with the highest degree or diploma attained. List only those programs in which you completed academic requirements at an accredited college or university and were awarded a degree or diploma.

Please complete the information below for the degreed program(s) through which you intend to fulfill the educational requirements for licensing.

Your official transcripts of degree completion must be submitted to the Contractors Board as part of the application process.

Name of School/Institution	City/State	Major	Years attended	Graduate	
				Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No

Prior Work Experience

Each applicant must meet the requirement of a minimum of four (4) years of verifiable, responsible-in-charge construction management experience. An additional one (1) year of construction management experience in the general construction industry is required of applicants without a four-year college degree.

No Degree: Five (5) years' experience managing construction projects.

Complete the following section beginning with your most recent employment. Please include all prior work experience that you believe contributes to meeting the qualifications for construction manager.



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Work Experience

Employer/Client: _____

Employer/Client Address: _____

City: _____ State: _____ Zip Code: _____

Employment Period: From Date: _____ To Date: _____

Job Title and Description: _____

Employer/Client: _____

Employer/Client Address: _____

City: _____ State: _____ Zip Code: _____

Employment Period: From Date: _____ To Date: _____

Job Title and Description: _____



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Work Experience

Employer/Client: _____

Employer/Client Address: _____

City: _____ State: _____ Zip Code: _____

Employment Period: From Date: _____ To Date: _____

Job Title and Description: _____

The undersigned has familiarized themselves with the provisions of the Public Works Construction Management Licensing Act, has read the instructions and information contained herein; and that the foregoing is a true statement of facts concerning the individual herein named, as of the date indicated; that the answers to the foregoing questions are true; and any educational institution or reference listed is hereby authorized to supply the Public Works Contractors Board, or its agent, with any information necessary to verify this statement.

Date: _____ Printed Name: _____

Signature: _____