



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 Contractor Application Instructions

A plumbing contractor may be licensed as an individual. Below are the qualifications for licensure. Please review the information prior to applying.

Do you hold an active Idaho Plumbing Journeyman license? Yes No

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

After passing the examination, all applicants must submit proof of a surety bond in the amount of two thousand dollars (\$2,000).

The applicant must also pay a \$147 license fee prior to receiving a license. License fees are non-refundable and applications expire one year after the date of application.



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Plumbing Contractor 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)

All fields within this application are required. If any field is left blank, the application will not be processed.

Name (First, Middle Initial, Last): _____

DBA/Company Name: _____

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

Do you hold an active Idaho Plumbing Journeyman License? Yes No

License Number: _____

Applicant checklist:

- Non-Refundable Processing Fee (Do not send cash)
- Complete Application
- 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 completed 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

