



STATE OF IDAHO DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

P.O. BOX 83720
Boise, Idaho
83720-0063
(208)334-3233
dopl.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: _____



CREDIT CARD AUTHORIZATION FORM

Idaho Division of Occupational & Professional Licenses
11341 W Chinden Blvd, Bldg #4
Boise, ID 83714
Phone: 208-334-3233
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"/> License Renewal Fee |
| <input type="checkbox"/> New Permit Fee | License Number: _____ |
| <input type="checkbox"/> New License Fee | <input type="checkbox"/> Notice of Violation (NOV) Fee |
| <input type="checkbox"/> Fee Due on Existing Permit | Case Number: _____ |
| Permit Number: _____ | <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