



State of Idaho
Division Of Occupational and Professional Licenses
Idaho Electrical 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

Electrical Facility Account Application

Please review the instructions carefully. A facility who employs individuals holding valid journeyman or master electrician licenses to perform alterations, extensions and new installations of electrical systems or components thereof on premises owned by the facility may apply for a facility account. The employer may also employ maintenance electricians in accordance with section 54-1016, Idaho Code.

The applicant must pay a \$125 license fee prior to receiving a license. License fees are non-refundable and applications expire one year after the date of application. Statutes and Rules governing the Idaho Electrical 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.

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

Name of Applicant: _____

Company Name: _____

ETIN: _____ - _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

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

Supervising Electrician for Facility Account

Licensee Name: _____ License Number: _____

Applicant checklist:

- Non-Refundable Processing Fee (Do not send cash)
- Complete and Signed 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.

Printed Name of Applicant

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



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