



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

## Renewal Application Instructions for State of Idaho Public Works Contractors License

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If there are any missing items from your application, you will be notified.

In accordance with Idaho State Code Chapter 19 Public Works Contractors Title § 54-1911 & § 54-1912 There will be **NO REFUNDS ISSUED.**

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### CHECKLIST

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Complete pages 3 & 4 of the application. Be sure to sign page 5.

Make checks payable to: **Division of Occupational and Professional Licenses (DOPL)** or use the credit card authorization form on the last page. Completed renewals can be emailed to: **publicworks@dopl.idaho.gov**

Submit the appropriate financial statement for the class of license for which you are applying. See page 1 & 2 for the financial guidelines.

Companies must be registered with the Idaho Secretary of State (208-334-2301)

Extension Request of License. See: [Extension Process and Fees](#)

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## Financial Statement Requirements

**NOTE: Tax returns or drafts will not be accepted for any class of license.**

**Class**  
**D or C**

**Type of Financial Statement Required:**

Financial statements must either be on the Division of Occupational and Professional Licenses multi-purpose balance sheet; submit all 8 pages (information cannot be more than **six months old**), on QuickBooks or otherwise prepared by a **LICENSED** CPA or LPA. Statements prepared by a CPA or LPA must include the accountant's report and may be compiled, reviewed, or audited. financial statements **cannot** be more than 12 months old.



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**CC or B** Requires a **compiled** financial statement prepared by a **LICENSED** CPA or LPA. **MUST** include the accountant’s report and **financial statements cannot** be more than 12 months old.

**A, AA  
 AAA or  
 Unlimited** Requires either a **reviewed** or **audited** financial statement prepared by a **LICENSED** CPA or LPA. **Must** include the accountant’s report and financial statements **cannot** be more than twelve months old.

**Parent Co.** When submitting a parent company’s financial statement for qualification it must reflect your company’s name in the financial statement and include a **guarantor agreement** which is located on our website: [General Forms Guarantor Agreement](#)

**If the financial statement fails to meet the financial guidelines, you may include one or more of the following along with your financial statement.**

**Personal or Parent Co. Financials** A personal or parent company financial statement may be provided. The financial statements must meet the same financial requirements for the class of license the company is seeking. A **guarantor agreement**, must accompany the personal or Parent company’s financial statement. **NOTE:** The guarantor **MUST** reflect the exact name (s) listed on the personal/company financials.

**Bonding Letter** A letter from the bonding company, **NOT an insurance agent**, stating the dollar amount of the bonding capability per project and in aggregate.

**Line of Credit** Letter must be on the financial institutions letterhead and reflect in dollar amount the current credit available for company use. **NOTE:** The available credit shown will be applied to the working capital.

Financial Guidelines

<u>Class</u>	<u>Bid Limit</u>	<u>Net Worth</u>	<u>Working Capital</u>
D	\$50,000	\$10,000	\$3,000
C	\$200,000	\$25,000	\$7,500
CC	\$400,000	\$75,000	\$25,000
B	\$600,000	\$150,000	\$50,000
A	\$1,250,000	\$300,000	\$100,000
AA	\$3,000,000	\$450,000	\$150,000
AAA	\$5,000,000	\$600,000	\$200,000
Unlimited	No Bid Limit	\$1,000,000	\$600,000



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**Public Works Contractors License Renewal Application**

Public Works License Number: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Check for change of address.

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

E-mail address/name of contact person: \_\_\_\_\_

Business Structure: Individual Partnership LLC Corporation Other: \_\_\_\_\_

Date of Organization: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Social Security Number (if sole proprietorship) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Federal Tax ID Number (Tin) or Employer ID Number (EIN) \_\_\_\_\_ - \_\_\_\_\_

Check all that apply:

**Renewal** – (annual renewal)

**Downgrade** – (decrease certification)

**Extension Request**

License Class & Fee	
<b>D</b> Pgs. 1-8 of balance sheet or CPA/LPA Financial Statement	<b>\$40.00</b>
<b>C</b> Pgs. 1-8 of balance sheet or CPA/LPA Financial Statement	<b>\$80.00</b>
<b>CC</b> Compiled, Reviewed or Audited Financial Statement	<b>\$100.00</b>
<b>B</b> Compiled, Reviewed or Audited Financial Statement	<b>\$120.00</b>
<b>A</b> Reviewed or Audited Financial Statement	<b>\$160.00</b>
<b>AA</b> Reviewed or Audited Financial Statement	<b>\$280.00</b>
<b>AAA</b> Reviewed or Audited Financial Statement	<b>\$360.00</b>
<b>Unlimited</b> Reviewed or Audited Financial Statement	<b>\$440.00</b>



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**Applicants Statement of Experience**

1. How many years has your organization been in construction under you present name? \_\_\_\_\_
2. How many years' experience has your firm had as a **General Contractor:** \_\_\_\_\_  
**Sub-Contractor:** \_\_\_\_\_ **Specialty Contractor:** \_\_\_\_\_
3. Has any officer, partner or member of the applicant ever served as an officer, partner or member of an organization that defaulted on a contract; had a project completed at the expense of a bonding or surety company; been adjudged to be bankrupt, been disbarred; or had a license revoked or suspended?  
 Yes                      No      **If yes, please give details on a separate sheet of paper.**
4. Are you financially affiliated with any other firm (s) that are licensed by this program?  
 Yes                      No      Company: \_\_\_\_\_
5. Do you currently have an Idaho Electrical, HVAC, Plumbing or FPSC Contractor License?    Yes    No  
 Idaho Electrical License Number: \_\_\_\_\_ ID HVAC License Number: \_\_\_\_\_  
 Idaho Plumbing License Number: \_\_\_\_\_ FPSC Number: \_\_\_\_\_
6. **Who is/will be the qualifying individual for this company (took or will take the Public Works Licensing exam)?**  
**First name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

Individuals First/Last Name	Position In Organization	Years of Construction	Type of Work Performed
	President		
	Vice President		
	Secretary		
	Treasurer		
	Owner/Proprietor		
	Owner/Proprietor		
	Partner or Member		
	Partner or Member		



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The undersigned deposes and says they have familiarized themselves with the provisions of the Public Works Contractors License Act as amended; have read the instructions and information contained herein and the foregoing is a true statement of facts concerning the individual, partnership, corporation or other business organization herein named as of the date indicated; the financial statement taken from the books of said firm or individual is a true and accurate statement of the financial condition of said firm or individual as of the date thereof; the answers to the foregoing questions are true; and any depository, vendor or other agency herein named is hereby authorized to supply the Public Works Contractors Board with any information necessary to verify this statement. The individual who signs this application guarantees the truth and accuracy of all statements and answers.

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Applicants' Full Business Name

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Applicants' First Name

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Last Name

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Title/Position

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Applicant's Signature

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Date



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## CREDIT CARD AUTHORIZATION FORM

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.

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