

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 Journeyman Application Instructions

Electrical Journeyman applicants have several pathways for licensure, outlined below. The Idaho Apprenticeship School and Work Experience Pathways require a passing examination score prior to the issuance of a license.

Please review the following information carefully prior to submitting your application.

Idaho Apprenticeship School F

1.	Attended and completed a board approved Elect	rical Apprenticeship Program:	0	Yes	0	No
	☐ College of Southern Idaho	☐ IEC Idaho				
	☐ College of Western Idaho	☐ Southwest Idaho Electrical JATC				
	☐ College of Eastern Idaho	☐ Eastern Idaho Electrical JATC				
	☐ Idaho State University	☐ DC Electric Inc.				
	☐ Lewis-Clark State College	☐ Treasure Valley Community College	;			
	☐ North Idaho College	☐ Faith Technologies Incorporated				
	☐ Porter House Inc					
	(Shelley and Mountain Home)					
2.	Work Verification Form proving 8,000 hours of has been completed. * NOTE: Applicants may take the examination up	_	O	Yes	0	No
	apprenticeship program, however, a license will proof of 8,000 hours of supervised electrical inst	not be issued until the applicant provides				
3.	Held an active Idaho Electrical Apprentice Regi 8,000 hours of supervised work. *	stration while completing the required	O	Yes	0	No
W	ork Experience Pathway					
1.	Work Verification Form proving 16,000 hours of has been completed. *	of supervised electrical installation work	O	Yes	0	No
Re	eciprocity Pathway					
Γh	ere are two options available for reciprocal applic	eants:	O	Yes	O	No
1.	years of schooling) • Status of license (Must be Active)	te of licensure. Verification must show: other state (number of hours worked and				
	Proof of licensure by examinationDate license was originally issued					
w	ork experience in appliance repair, motor winding, or communication	ons will not count towards the requirements to obtain a r	rovis	ional		

journeyman or journeyman license.



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Electrical Journeyman License 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.

Select Application Type: O Initial (\$70.00 processing fee)	• Reciprocal (\$70.00 processing fee)	• Reopen Closed License (\$70.00 processing fee)		
	fields within this application ar is left blank, the application wi	-		
Name (First, Middle Initial, La	st):		_	
Date of Birth:	Social Security Number: (Required by Idaho Code § 73-			
Mailing Street Address:				
City:	State:	Zip Code:		
Cell Phone:	Applicant Email: (Required by Idaho Code § 67-			
Are you or your spouse an acti the United States Armed Service	ve member or honorably discharged ces?	veteran of Yes	•	No
If yes, a License Verif	n Electrical Journeyman in another ication Form completed by the state itted with this application; A copy oted.	te of	O	No
Examination (Initial A	pplicants Only)			
	applicable NASCLA examination tation prior to applying for licensure)	chrough PSI? O Yes	O	No
If yes, was the exam taken thro	ough the State of Idaho? e a copy of the test scores with this a	O Yes	•	No

Applic	eant Checklist:						
	Non-Refundable Processing Fee (do not send cash)						
 □ Complete and Signed Application □ Passing Examination Score (Passing score required prior to application submission) □ Work Verification Form(s) 							
							Certificate of Completion from an Idaho Apprenticeship School, if applicable
							License Verification Form from another state, if applicable
	Proof of Military or Veteran Status (DD-214), if applicable						
	Certification						
inform inform from t require	stand my license may be suspended, revoked, or otherwise disciplined if it was obtained through false nation. I further understand the Division of Occupational and Professional Licenses may release nation contained in licensing applications as required by law. I understand that I have one (1) year he date of this application to take and pass the required licensing examination and that I will be ed to submit a new application at the expiration of that period.						
Signa	ature of Applicant Date						
Send	your application via:						
Email	l: customer-service@dopl.idaho.gov						
Idaho C/O T PO Bo	ng Address: Division of Occupational and Professional Licenses Frade Licensing ox 83720 , ID 83720-0063						
1250	rson: W Chinden Blvd. Boise, ID 83714 Ironwood Dr. Ste 220 Coeur d'Alene, ID 83814 Maple St. Blackfoot, ID 83221						

Work Verification Form – Electrical Journeyman Licensure

Complete a separate form for each employer and/or state where work experience was obtained.

Applicant Full Legal Name:
Applicant License/Registration Number:
Employer:
Business Address:
Business Phone: Business Email Address:
Supervising Electrician Name:
Supervising Electrician License Number:
Number of Hours Worked Work experience in appliance repair, motor winding, or communications will not count towards the requirements to obtain a provisional journeyman or journeyman license.
Dates of Verification:/ to/ to// mm dd / yyyy
Total Number of Electrical Installation Experience Hours: hours
Was all work completed in the state of Idaho? O Yes O No
If no, list the state where the work was completed:
Note: If claiming overtime, a paycheck stub identifying hours worked must be provided upon request.
Certification
Upon oath I certify each of the following: the responses and information provided in this verification are true and correct to the best of my knowledge; falsification of any information could lead to discipline including but not limited to revocation of licensure; and any of the hours submitted are subject to additional verification.
Verifier Printed Name (if other than applicant):
Verifier Signature: Date:



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,, auth	norize 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	. Please note there is an additional 2.5% charge for the use of your card through		
Access Idaho.			
This payment is for:			
License Application Fee	License Renewal Fee		
New Permit Fee	Other:		
Fee Due on Existing Permit			
Credit Card Number:	CVC:		
Cardholder Signature	Date		
Phone Number	Email Address for Receipt		