



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

Master Electrician License Application Instructions

Master Electrician applicants have two pathways for licensure, outlined below. A passing examination score may be required prior to the issuance of a license.

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

Experience Pathway

1. Have you held an Electrical Journeyman license for at least 4 years? Yes No

Reciprocity Pathway

1. License Verification Form completed by the state of licensure. Verification must show: Yes No
- Proof of licensure by examination
 - Proof the Journeyman license has been held for a minimum of 4 years
 - Status of Master license (Must be Active)
 - Date license was originally issued



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Master Electrician 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:

- Initial (\$80.00 processing fee) Reciprocal (\$80.00 processing fee) Reopen Closed License (\$80.00 processing fee)

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

Name (Last/First/Middle Initial): _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____
(Required by Idaho Code § 73-122)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ 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

Are you currently licensed as a Master Electrician in another jurisdiction?
If yes, a **License Verification Form** completed by the state of licensure must be submitted with this application; A copy of your license cannot be accepted. Yes No

Have you held an active Electrical Journeyman License for at least 4 years? Yes No

Electrical Journeyman License Number: _____

Examination (Initial Applicants Only)

Have you taken and passed the applicable NASCLA examination through PSI? Yes No
(Applicants must pass the examination prior to applying for licensure)

If yes, was the exam taken in the State of Idaho? Yes No
If no, you must include a copy of the test scores with this application.

Checklist for Applicants:

- Non-Refundable Processing Fee (Do not send cash)
 - Completed and Signed Application
 - Passing Examination Score (Passing score required prior to application submission)
 - License Verification Form, if applicable
 - Proof of Military or Veteran Status (DD-214), if applicable
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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



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 2.5% charge for the use of your card through Access Idaho.

This payment is for:

- | | |
|---|--|
| <input type="checkbox"/> License Application Fee | <input type="checkbox"/> License Renewal Fee |
| <input type="checkbox"/> New Permit Fee | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Fee Due on Existing Permit | |

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