

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.

IU	and Apprenticeship School I athway					
1.	Attended and completed a board approved Electory College of Southern Idaho College of Western Idaho College of Eastern Idaho Idaho State University Lewis-Clark State College North Idaho College Porter House Inc (Shelley and Mountain Home)	ctrical Apprenticeship Program: ☐ IEC Idaho ☐ Southwest Idaho Electrical JATC ☐ Eastern Idaho Electrical JATC ☐ DC Electric Inc. ☐ Treasure Valley Community College ☐ Faith Technologies Incorporated		Yes	•	No
2.	Work Verification Form proving 8,000 hours of has been completed. * NOTE: Applicants may take the examination upon completed however, a license will not be issued until the applicant provinstallation work.	tion of an approved 4-year apprenticeship program,	O	Yes	0	No
	Held an active Idaho Electrical Apprentice Reg 8,000 hours of supervised work. * ork Experience Pathway	gistration while completing the required	O	Yes	0	No
1.	Work Verification Form proving 16,000 hours has been completed. *	of supervised electrical installation work	O	Yes	0	No
	eciprocity Pathway ere are two options available for reciprocal appli	icants:	•	Yes	O	No
1.	 years of Apprenticeship School and 8,000 work experience) Status of license (Must be Active) Proof of licensure by examination Date license was originally issued 	ate of licensure. Verification must show: ter state (<u>Must include either Completion of 4</u> hours of work experience OR 16,000 hours of	<u>f</u>	ense.		



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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)	O Reopen Clo (\$70.00 pro				
	fields within this application ar	-	ed.			
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-	2609)			-	
Are you or your spouse an activithe United States Armed Service	ve member or honorably discharged		O	Yes	•	No
If yes, a License Verification submitted with this application Apprenticeship School and School a	n Electrical Journeyman in another on Form completed by the state of licer on and include either Completion of 4 8,000 hours of work experience <u>OR</u> 16 your license cannot be accepted.	nsure must be years of	•	Yes	O	No
Examination (Initial A	pplicants Only)					_
	applicable NASCLA examination tation prior to applying for licensure)	hrough PSI?	0	Yes	•	No
If yes, was the exam taken thro If no, you must include	ugh the State of Idaho? 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						
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.							
Signa	ture of Applicant Date						
Send :	your 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							
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 holding an Active Registration 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//
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 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		