



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

Limited Electrical Installer Application Instructions

Limited Electrical Installer applicants must have a passing examination score prior to the issuance of a license.

Do you meet the following requirements for licensure?

All Limited Electrical Installer Applicants

1. Do you have proof of completing a minimum of four thousand (4,000) hours of work experience in the same limited category in accordance with the requirements of the jurisdiction in which you obtained your experience? Yes No

Outside Wireman (Lineman) Applicants

1. Do you have documentation of having completed an electrical lineman apprenticeship program approved by the U.S. Department of Labor, Office of Apprenticeship? Yes No

Solar Photovoltaic Applicants

1. Do you have documentation of photovoltaic installer certification by the North American Board of Certified Energy Practitioners (NABCEP)? Yes No



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Limited Electrical Installer Application

Statutes and Rules governing Limited Electrical Installers can be viewed at <https://dopl.idaho.gov>. Idaho Statutes and Rules are subject to change, and 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/Testing (\$15.00 processing fee) Reciprocal (\$15.00 processing fee) Reopen Closed License (\$15.00 processing fee)

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

License Type (select one):

- Solar Photovoltaic Sign Limited Energy
 Irrigation Sprinkler Well Driller/Water Pump Installer Outside Wireman (Lineman)
 Elevator, Dumbwaiter, Escalator, or Moving-Walk
 Manufacturing/Assembling Equipment
 Refrigeration, Heating, and Air-Conditioning

Applicant Legal Name: _____

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

Mailing Street Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Applicant 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 Limited Electrical Installer in another jurisdiction? Yes No

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.

The following documentation must be submitted with this application:

- Non-Refundable Processing Fee (Do not send cash)
- Complete and Signed Application
- Work Verification Form(s)
- Certificate of Completion from an Electrical Lineman apprenticeship program approved by the U.S. Department of Labor, Office of Apprenticeship, if applicable
- License Verification Form from another state, required for reciprocal and out-of-state applicants
- 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.

Signature of Applicant

Date

Send your application via

Email: customer-service@dopl.idaho.gov

Postal Mail:

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

Work Verification Form - Limited Electrical Installer 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 Email: _____ Business Phone: _____

Supervising Installer Name: _____ License Number: _____

Number of hours worked while holding an active registration, if required by the state. Active registrations are required in Idaho for hours to count.

Dates of Verification: ____ / ____ / ____ to ____ / ____ / ____
mm dd yyyy mm dd yyyy

Total Number of Electrical Installation Experience Hours: _____ hours

Detailed description of work performed:

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Was all work completed in the state of Idaho? Yes 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, _____, 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/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:

□ □ □

Billing Address Zip Code:

□ □ □ □ □

Cardholder Signature

Date

Phone Number

Email Address for Receipt