



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 Contractor Application Instructions

Please review the instructions carefully. An electrical contractor may be licensed as an individual or as a business entity. If an application is being made on behalf of a business entity, the entity must designate an individual to submit the application and represent the entity for examination. The individual designee must be a supervisory employee and may not represent any other applicant for a contractor's license.

Below are the qualifications for licensure as an individual or entity. Please review the information prior to submitting an application.

Individual Contractor

1. Individual Applicants must meet one of the following criteria:
 - a. Completed 2,000 hours of work while holding an Electrical Journeyman license; or
 - b. Hold an active Idaho Master license

Entity Contractor

1. Is the designee a supervisory employee of the entity? Yes No
2. Does the entity employ at least one active Idaho licensed Electrical Journeyman or Idaho Master Electrician? (Supervising Electrician holding an Electrical Journeyman must have completed 2,000 hours of work) Yes No

Upon approval of your application, you will receive examination information.

After passing the examination, all applicants must submit proof of:

1. \$300,000 liability insurance; and
2. Worker's compensation insurance, unless exempted.

NOTE: If applying as an individual, the insurance must be in the licensee's name. If applying as a business, the insurance must be in the business name.

The applicant must also pay a \$125 license fee prior to receiving a license. License fees are non-refundable and applications expire one year after the date of application.



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Electrical Contractor 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/Testing (\$15.00 processing fee) Designee Change (\$15.00 processing fee) Reopen Closed License (\$15.00 processing fee)

Select License Type:

- Individual Business Entity

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

Name of Designee: _____
(Representative taking the examination. This will be the licensee for Sole Proprietorship)

Select One:

- Applying as an Individual (sole proprietorship) Social Security Number: _____ - _____ - _____
(Required by Idaho Code § 73-122)

OR;

- Applying as a Business Entity Company Name: _____

ETIN: _____ - _____

Business Structure: Partnership Corporation LLC LLP

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

Supervising Electrician Information

Does your supervising electrician hold an Idaho Master License? Yes No
If yes, skip the next question and provide the licensee information below.

If no, proceed to the next question.

Does your supervising electrician hold an Idaho Journeyman License? Yes No
If yes, provide the licensee information below and complete the work verification form to verify 2,000 hours of experience has been completed.

Licensee Name: _____ License Number: _____

Signature of Supervising Electrician

Applicant checklist:

- Non-Refundable Processing Fee (Do not send cash)
 - Complete and Signed Application
 - Work Verification, required for applicants with a supervising electrician holding a Journeyman license
 - 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.

If applying on behalf of a business entity, I certify I am a full-time supervisory employee of the above-listed company. I am not currently designated by any other company to be their representative.

Printed Name of Applicant

Signature of Applicant

Date

Signature of Designee

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

Work Verification Form – Electrical Contractor Licensure

This form is not required for a Supervising Electrician who holds an Idaho Electrical Master license. Complete a separate form for each employer and/or state where work experience was obtained.

Applicant Full Legal Name: _____

Applicant License Number: _____

Employer: _____

Business Address: _____

Business Phone: _____ Business Email Address: _____

Number of Hours Worked While Holding an Electrical Journeyman License

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

Total Number of Electrical Installation Experience Hours: _____ hours

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:

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Billing Address Zip Code:

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Cardholder Signature

Date

Phone Number

Email Address for Receipt