



## State of Idaho

### Division Of Occupational and Professional Licenses Idaho Heating, Ventilation, and Air Conditioning 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

## HVAC Specialty Journeyman Application Instructions

HVAC Specialty Journeyman applicants have two pathways for licensure outlined below.

Do you meet the following requirements for licensure?

### Education Pathway

1. Completed 60 hours of education in fuel gas code and piping installation methods.  Yes  No
2. Work Verification Form(s) verifying 2,000 hours of supervised specialty HVAC installation work has been completed.  Yes  No

### Examination Pathway

1. Pass the board approved examination after approval of this application.  Yes  No
2. Work Verification Form(s) verifying 2,000 hours of supervised specialty HVAC installation work has been completed.  Yes  No

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

\*Specialty Journeyman are permitted to install hearth appliances, and non-duct connected oil furnaces, the associated fuel gas piping, and venting dedicated exclusively thereto. This license does not include any plumbing, electrical or duct work.



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### HVAC Specialty Journeyman Application

Statutes and Rules governing the Idaho HVAC 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 (\$35.00 processing fee)       Reopen Closed License (\$35.00 processing fee)

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

Name (First, Middle Initial, Last): \_\_\_\_\_

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

Applicant Checklist:

- Non-Refundable Processing Fee (do not send cash)
- Complete Application
- Work Verification Form(s)
- Certificate of Completion Showing 60hrs of Education, 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.

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Signature of Applicant

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Date

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**Send your application via:**

**Email:** [customer-service@dopl.idaho.gov](mailto: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 – HVAC Specialty Journeyman Licensure

Complete a separate form for each employer where work experience was obtained.

Applicant Full Legal Name: \_\_\_\_\_

Applicant License/Registration Number: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Supervising Journeyman Name: \_\_\_\_\_

Supervising Journeyman License Number: \_\_\_\_\_

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**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 HVAC Specialty Installation Experience Hours: \_\_\_\_\_ hours

Detailed description of work performed:

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.

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### 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 Name (if other than applicant): \_\_\_\_\_

Verifier Signature: \_\_\_\_\_ Date: \_\_\_\_\_

