

## State of Idaho Division Of Occupational and Professional Licenses Idaho Electrical Board

☐ Southwest Idaho Electrical JATC

O Yes

O No

# BRAD LITTLE Governor RUSSELL BARRON Administrator

Apprenticeship Program:

☐ College of Southern Idaho

☐ College of Western Idaho

11341 W Chinden Blvd. P.O. Box 83720 Boise, ID 83720-0063 (208) 334-3233 dopl.idaho.gov

### **Electrical Journeyman Application Instructions**

☐ IEC Idaho

#### Idaho Apprenticeship School and 8,000 Work Hours Pathway

Attended and Received a Completion Certificate from a board approved Electrical

☐ College of Eastern Idaho	☐ Eastern Idaho Electrical JATC
☐ Idaho State University [	☐ DC Electric Inc.
☐ Lewis-Clark State College [	☐ Treasure Valley Community College
☐ North Idaho College	☐ Faith Technologies Incorporated
☐ Porter House Inc (Shelley and Mountain Home)	
Work Verification Form proving 8,000 hours of work has been completed. Work hours can be o *Work experience in appliance repair, motor winding, or Journeyman license.	obtained in or out of the State of Idaho.
Work Experience Pathway	
Work Verification Form proving 16,000 hours work has been completed. *Work experience in appliance repair, motor winding, or towards a Journeyman license.	•
Reciprocal Pathway	
ERA Applicants	Oregon Applicants
ist of NERA States and the requirements: laska, Arizona, Arkansas, Colorado, Illinois, Iowa, Maine, linnesota, Montana, New Hampshire, New Mexico, North Dakota, klahoma, South Dakota, Texas, Wisconsin, and Wyoming	License Verification Form from the State of Oregon must indicate:
OPL Licensing will reach out to the above states to obtain the ollowing information.  Status of license (Must be Active)  Proof of Licensure by Examination  Date License Was Issued	☐ Status of license (Must be Active) ☐ Completion of 4 years of an Apprenticeship School and 8,000 hours of work experience ☐ Proof of Licensure by Examination ☐ Date License Was Issued



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# 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 License Application**

Statutes and Rules governing the Idaho Electrical Board can be viewed at <a href="https://dopl.idaho.gov">https://dopl.idaho.gov</a>. 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)	• Reopen Closed Licer (\$70.00 processing fe		
	fields within this application ar is left blank, the application wi			
Name (First, Middle Initial, La	st):			
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 § 67-2		_	
Are you or your spouse an actithe United States Armed Service	ve member or honorably discharged ces?	l veteran of Yes	O N	Ю
Are you currently licensed as a	n Electrical Journeyman in a Recipt	rocal state? • Yes	O 1	No
If yes, what Reciprocal state d	o you hold that license in?			
Examination (Initial A	pplicants Only)			
	applicable NASCLA examination tation prior to applying for licensure)	through PSI? • Yes	O N	1о
If yes, was the exam taken through If no, you must include	ough the State of Idaho? e a copy of the test scores with this a	• Yes application.	O N	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
unders inform inform from t require	by certify, to the best of my knowledge, the information on this application is true and correct. I stand my license may be suspended, revoked, or otherwise disciplined if it was obtained through false nation. I further understand the Division of Occupational and Professional Licenses may release nation contained in licensing applications as required by law. I understand that I have one (1) year the date of this application to take and pass the required licensing examination and that I will be end to submit a new application at the expiration of that period.  The date of Applicant Date
Signa	nure of Applicant Date
Send	your application via:
Email	: customer-service@dopl.idaho.gov
Idaho C/O T PO Bo	ng Address: Division of Occupational and Professional Licenses Frade Licensing ox 83720 , ID 83720-0063
1250 1	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 (Initial Applicants Only)

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