

State of Idaho Division Of Occupational and Professional Licenses Idaho Plumbing Board

BRAD LITTLE11341 W Chinden Blvd.GovernorP.O. Box 83720RUSSELL BARRONBoise, ID 83720-0063Administrator(208) 334-3233dopl.idaho.gov

Plumbing Journeyman Application Instructions

Plumbing Journeyman applicants have several pathways for licensure outlined below. Both the Idaho Apprenticeship School and Work Experience Pathways require a passing examination score prior to the issuance of a license.

Idaho Apprenticeship School and 8,000 Work Hours Pathway

1.	Attended and completed 576 hours of instruction at a board approved Plumbing Apprenticeship Program:		0	Yes	0	No
	□ College of Southern Idaho	□ Porter House Inc				
	□ College of Western Idaho	(Shelley and Mountain Home)				
	□ College of Eastern Idaho	□ Treasure Valley Community College				
	□ Idaho State University	□ Boise Plumbing JATC				
	□ Lewis-Clark State College	□ Pocatello Plumbing JATC				
	□ North Idaho College					
2.	Work Verification Form verifying 8,000 hours of supervised plumbing installation work \bigcirc Yes \bigcirc has been completed. Work hours can be obtained in or out of the State of Idaho. If hours are obtained in state you must have held an active Idaho Plumbing Apprentice Registration while completing the required 8,000 hours of supervised work.			No		
W	ork Experience Pathway					
1.	. Work Verification Form verifying 16,000 hours of supervised plumbing installation work has been completed. *		0	Yes	0	No
Re	ciprocity Pathway					
1	. License Verification Form completed by the The verification must include:	state of Montana or Oregon.	0	Yes	0	No
	 Completion of apprenticeship program and 8,000 hours of work experience Status of the license (must be active) 					
	 Proof of licensure by examination 					
2	. License Verification Form completed by the state of Washington.					
	The verification must include:					
	• Either 8,000 hours OR 16,000 hours of	work experience				
	 Status of the license (must be active) Proof of licensure by examination 					
o rioo or neensure by examination						

When reciprocating from Washington or Montana, the applicant must be a resident of the state in which he/she holds their license at the time of application.

*Pipe fitting and appliance plumbing specialty work will not count towards the experience qualifications for a journeyman license.



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

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Plumbing Journeyman Application

Statutes and Rules governing the Idaho Plumbing Board can be viewed at <u>https://dopl.idaho.gov</u>. 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	
(\$51.90)	

OReciprocal (\$51.90)

Reopen Closed License (\$51.90)

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

Name (First, Middle Initi	al, Last):				
Date of Birth: Social Security Number (Required by Idaho Code § 73-122)					
Mailing Street Address:				-	
City:	State:	Zip Co	ode:		
Cell Phone:	Applicant Email: (Required by Idaho Coc			_	
Are you or your spouse a the United States Armed	n active member or honorably disch Services?	narged veteran of	O Yes	O No	
Are you currently license	d as a Plumbing Journeyman in a R	eciprocal state?	O Yes	O No	
If yes, what Reciprocal st	ate do you hold that license in?				
Examination (Initi	al Applicants Only)				
	ed the applicable IAPMO examinati amination prior to applying for licensu	0	O Yes	O No	
•	n through the State of Idaho? Include a copy of the test scores with	this application.	O Yes	O No	

Revised October 3rd, 2024

Applicant Checklist:

Non-Refundable Processing Fee (do not send cash)
Complete 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.

Signature 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

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 – Plumbing Journeyman Licensure (Initial Applicants)

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:		
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 pipe fitting and appliance plumbing specialty work will not count towards the requirements to obtain a journeyman license.		
Dates of Verification:// to// mm dd yyyy mm dd yyyy		
Total Number of <u>Plumbing Installation</u> Experience Hours:hours		
Was all work completed in the state of Idaho? O Yes O No		

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 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: <u>customer-service@dopl.idaho.gov</u>

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/Registration Application Fee	New License Fee
New Permit Fee	License Renewal Fee
Fee Due on Existing Permit	Other:
Credit Card Number:	 CVC:
Cardholder Signature	Date
Phone Number	Email Address for Receipt