

IDAHO DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSES

11341 W. Chinden Blvd., Building #4 Boise ID 83714 or

P.O. Box 83720, Boise ID 83720-0063

(208) 334-3233

REQUEST FOR LICENSE RECORDS BY THE LICENSEE

The Division requires that all requests for records be in writing. If the records you request pertain to you and are otherwise exempt from public disclosure, you are required to provide identification in accordance with I.C. § 74-113.

Do not use this form for license verification/certification requests.

I attest and affirm under oath that:

I am an Idaho resident

I am **NOT** an Idaho resident

Requestor Name: _____ License/Registration #: _____

Requestor Address: _____
Street/ PO Box City State Zip

Phone Number: _____ E-mail: _____

In order to expedite the response, please be as specific as possible as to what information you are requesting:

NOTE: Complaints and investigations are exempt from disclosure under Idaho Code § 74-106(9), 74-113(3)(a), and 67-2615(1)(a).

I attest and affirm under oath that the information provided is true and accurate to the best of my abilities.

Signature: _____ Date: _____

To submit this form, please email your attachment to: PublicRecordsRequest@dopl.idaho.gov, or send a physical copy to the address at the top of the page.