



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

Active Registration Waiver Request Instructions

Please read all instructions carefully to process your request in a timely manner.

All waiver requests must be received NO LATER THAN fourteen (14) calendar days prior to the next scheduled Board meeting. Upcoming Board meeting dates can be found under “Meeting Calendar” on [our website](#).

To have an *Active Registration Waiver Request* considered at the next regularly scheduled Board meeting, you **must** do the following:

- Submit this waiver in conjunction with an application for licensure as an Idaho Electrical Journeyman. Standalone waiver requests will not be considered.
- Submit a signed *Active Registration Waiver Request* no later than 14 calendar days prior to the next regularly scheduled Board meeting.
- Provide a clear, detailed explanation of your request, including justification for the lapse in registration.
- W2s proving employment at a licensed electrical company during the duration of unregistered practice and/or military documentation showing relevant experience.
- Submit the attached work verification form detailing the requested hours worked as an unregistered apprentice.

Note: Failure to complete these required steps will result in your request not being considered or consideration being delayed until a future Board meeting.

The signed *Active Registration Waiver Request* and supporting documentation must be emailed to waiver@dopl.idaho.gov. Please include your full name and apprentice registration number in the subject line of the email.

If you have any questions, please contact our office at waiver@dopl.idaho.gov.



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Active Registration Waiver Request

NOTE: Please print or type and provide all requested information. A home address **MUST** be provided even if you receive your mail at a different address.

Name: _____ Registration Number: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

I wish to: (Please check one)

- ☐ Appear in person before the Board at the next regularly scheduled Board meeting
- ☐ Have the Board consider my request based on the attached documentation

Waiver Checklist:

- ☐ Submit an application for licensure as an Idaho Electrical Journeyman (Standalone waiver requests will not be considered)
- ☐ Submit a signed *Active Registration Waiver Request* no later than 14 calendar days prior to the next regularly scheduled Board meeting.
- ☐ Attach a clear, detailed explanation of your request, including justification for the lapse in registration.
- ☐ Attach W2s proving employment at a licensed electrical company during the duration of unregistered practice and/or military documentation showing relevant experience.
- ☐ Attach a completed *Work Verification Form* detailing the requested hours worked as an unregistered apprentice.

You must submit this form along with the documentation listed above at least fourteen (14) calendar days prior to the next scheduled Board meeting. All documentation must be received prior to this date even if you wish to appear before the Board.

Signature: _____

Date: _____

Work Verification Form – Electrical Journeyman Licensure

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

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 ____ / ____ / ____
mm dd yyyy mm dd yyyy

Total Number of Electrical Installation Experience Hours: _____ hours

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.

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: _____
