



STATE OF IDAHO DIVISION OF OCCUPATIONAL &  
PROFESSIONAL LICENSES

PO BOX 83720

Boise, ID 83720-0063

Ph: 208-334-3950

Website: [dbs.idaho.gov](http://dbs.idaho.gov)

Email: [customer-service@dopl.idaho.gov](mailto:customer-service@dopl.idaho.gov)

**APPLICATION FOR PLUMBING APPRENTICE WORK REGISTRATION**

Idaho Statutes and Rules are subject to change and it is the registrant's responsibility to ensure they have read and understand the requirements to do plumbing work in Idaho. Idaho Statutes and Rules can be found online at: <https://dbs.idaho.gov/rules/current.html>.

**In order to qualify for the Plumbing Apprentice registration an applicant must:**

- Be a minimum of 16 years of age.
- Provide a copy of legal identification (Driver's License, Passport, Military I.D.)
- Submit a complete and notarized application (included).
- Fulfill the requirements of IDAPA 24.39.20.201 & IDAPA 24.39.20.202
- Provide a Social Security Number in accordance with Idaho Statute 73-122.
- Pay the \$50 (non-refundable) license registration fee.

**PLEASE NOTE IF ANY OF THE ABOVE REQUIREMENTS ARE NOT MET, YOUR REGISTRATION WILL NOT BE PROCESSED**

This application can be emailed to [customer-service@dopl.idaho.gov](mailto:customer-service@dopl.idaho.gov) with the attached credit card authorization.  
Questions? Email [tradelicensing@dopl.idaho.gov](mailto:tradelicensing@dopl.idaho.gov)



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**02. Schooling Requirements.** A plumbing apprentice must complete an Idaho Plumbing Board approved related course of instruction for four (4) years **in order to be eligible** for a journeyman certificate of competency. Unless prior approval has been granted by the Division of Occupational & Professional Licenses, the apprentice must complete the required course work sequentially: year one (1) must be completed prior to beginning year two (2); year two (2) must be completed prior to beginning year three (3); and year three (3) must be completed prior to beginning year four (4). A minimum of one hundred forty-four (144) hours of classroom or other Idaho Plumbing Board-approved instruction time per school year is required. A grade average of seventy percent (70%) must be attained in these courses. Upon completion of apprenticeship schooling, the apprentice must obtain a certificate of completion, or a letter signed by the chairman of his apprenticeship committee and attach the certificate or letter to his application for a journeyman license.

**PLUMBING APPRENTICESHIP SCHOOLS**

<b><u>College of Southern Idaho</u></b>	<b><u>(800) 680-0274</u></b>
<b><u>College of Western Idaho</u></b>	<b><u>(208) 562-3000</u></b>
<b><u>Eastern Idaho Technical College</u></b>	<b><u>(800) 662-0261</u></b>
<b><u>Idaho State University</u></b>	<b><u>(208) 282-3372</u></b>
<b><u>Lewis Clark State College</u></b>	<b><u>(208) 792-2442</u></b>
<b><u>North Idaho College</u></b>	<b><u>(208) 769-3214</u></b>
<b><u>Treasure Valley Community College</u></b>	<b><u>(541) 881-5755</u></b>
<b><u>Boise Plumbing JATC*</u></b>	<b><u>(208) 288-1296</u></b>
<b><u>Pocatello Plumbing JATC*</u></b>	<b><u>(208) 232-6806</u></b>
<b><u>Porter House Inc</u> <b><u>Shelley Adult Training Academy</u></b> <b><u>Mt. Home Adult Training Academy</u></b></b>	<b><u>(208) 522-4336</u></b>

**\*Joint Apprenticeship and Training Committee**



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APPLICATION FOR PLUMBING APPRENTICE WORK REGISTRATION
YOU MUST PROVIDE A COPY OF LEGAL IDENTIFICATION (Driver's license, Passport, Military ID)

Are you currently serving in the US military, a veteran or spouse of any such person? Yes \_\_\_ No \_\_\_

Applicant's Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Contact Phone Number(s): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

(All future notifications will be done via email.)

Have you ever held a plumbing license in another jurisdiction? Yes \_\_\_ No \_\_\_

If Yes, attach a copy of the license.

Please be advised that the DOPL shall consider the address provided by the applicant on this form as the business address of record for the applicant, which may be subject to public disclosure in accordance with the Idaho Public Records Act (I.C. §101 et seq). Because the address will be used for the purposes of all correspondence from the DOPL with the license/registration holder, please be sure to provide an address that will be accurate for the duration of license or registration period. By providing this application the successful applicant acknowledges that upon request DOPL may disclose the address as a public record, and the applicant provides his/her consent to do so.

I also hereby authorize the Idaho Division of Occupational & Professional Licenses to release the last 4 (four) numbers of my Social Security Number for verification purposes.

I certify the information above is correct and acknowledge I have read and understand the Idaho plumbing apprentice requirements in IDAPA 24.39.20.201 and .202.

\*Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC

State of \_\_\_\_\_

The above individual appeared before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

NOTARY SEAL:

Signature of Notary Public

Commission Expires: \_\_\_\_\_



### 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](mailto:customer-service@dopl.idaho.gov)

I \_\_\_\_\_, authorize **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 3% charge for the use of your card through Access Idaho.*

**This payment is for:**

- License Application Fee \_\_\_\_\_  New Permit Fee \_\_\_\_\_
- License Renewal Fee \_\_\_\_\_  Fee Due on Existing Permit \_\_\_\_\_
- New License Fee \_\_\_\_\_  Other \_\_\_\_\_

\_\_\_\_\_  
**Cardholder Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Contact Phone Number**

\_\_\_\_\_  
**Email Address for Receipt (optional)**

**All Fields Below Are Required**

Credit/Debit Card Number \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ CVC # \_\_\_\_\_

Billing Address Zip Code \_\_\_\_\_

*\*Your card information will not be retained for future transactions*