STATE OF IDAHO DIVISION OF OCCUPATIONAL &
PROFESSIONAL LICENSES
PO BOX 83720
Boise, ID 83720-0063
Ph: 208-334-3950
Website: dbs.idaho.gov
Email: customer-service@dopl.idaho.gov

APPLICATION FOR HVAC APPRENTICESHIP 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 HVAC work in Idaho. Idaho Statutes and Rules can be found online at: https://dbs.idaho.gov/rules/current.html.

To qualify for an HVAC Apprentice Registration, an applicant must:

- 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 24.39.70.020 and IDAPA24.39.70.025
- Provide a Social Security Number in accordance with Idaho Statute 73-122.
- Pay the $10.00 (non-refundable) registration fee *see attached credit card authorization form*

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

This application can emailed to customer-service@dopl.idaho.gov with the attached credit card authorization.

Questions? Email tradelicensing@dopl.idaho.gov

APPLICATION FOR HVAC APPRENTICE 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.)

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 HVAC apprentice requirements in IDAPA 24.39.70.025.

*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: _____

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HVAC APPRENTICESHIP SCHOOL PROGRAMS
Please contact schools for program details

College of Southern Idaho	(800) 680-0274
College of Western Idaho	(208) 562-3000
College of Eastern Idaho	(800) 662-0261
HVACR Education Online	(888) 655-4822 option 2
North Idaho College	(208) 769-3214
Northwest HVAC/R	(509) 747-8810
Porter House Inc. – **Shelley** Adult Training Academy	(208) 522-4336
Porter House Inc. – **Mountain Home** Adult Training Academy	(208) 522-4336
SE Idaho Sheet Metal JATC	(208) 233-5214
SW Central Idaho Sheet Metal JATC	(208) 562-0237
SW Idaho JATC	(208) 288-1296
Ultimate Heating and Air	(208) 321-8663
Lewis & Clark State College	(208) 792-5272

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 _____, 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

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CC AUTH FORM   6/29/2022