



STATE FIRE MARSHAL
IDAHO DEPARTMENT OF INSURANCE

STATE OF IDAHO
Brad Little

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Boise, ID 83720-0043
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Fitter Employer's Verification Form
As specified by IDAPA 18.08.08.23.01

Form with fields: APPLICANT'S LEGAL NAME, DATE OF BIRTH, EMPLOYER/CONTRACTOR, SPRINKLER LICENSE NUMBER (STATE ISSUED), ADDRESS, CITY, STATE, ZIP CODE, BUSINESS PHONE NUMBER, E-MAIL ADDRESS, DATES OF EMPLOYMENT - FROM: (MONTH/DAY/YEAR) TO: (MONTH/DAY/YEAR)

Hours worked must be at least 1,000 hours per year for three (3) consecutive years. If the hours are with multiple employers, a separate verification form is needed for each employer. Employer's must be licensed in Idaho or other state.

Total hours performing fitter work for this employer during dates of employment:

Table with 6 columns: YEAR, HOURS, YEAR, HOURS, YEAR, HOURS

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

EMPLOYER'S AUTHORIZED SIGNATURE DATE

Notary Public section with fields: STATE OF, County of, On the day of, before me, the undersigned Notary Public, personally appeared, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that s/he executed the same. IN WITNESS WHEREOF, I have set my hand and seal the day and year as above written. NOTARY SEAL: Notary Public for, Residing at, Commission Expires: