



Idaho Fire Protection Sprinkler Fitter License IDAPA 18.08.02.23

License of any person who install and/or maintain fire sprinkler systems and work under the supervisions of a Fire Protection Sprinkler Contractor.

To qualify, the applicant must:

- Provide an affidavit signed by a licensed fire protection sprinkler contractor that he has worked as a fitter for at least one thousand (1,000) hours per year for three (3) consecutive years. ****New Applicants Only.**
- Satisfactorily pass an examination prescribed by the State Fire Marshal. Examination fee is \$25 (non-refundable).

Application submittal shall include:

- Completed Idaho Fire Protection Sprinkler Fitter License application. Incomplete applications will not be processed.
- License fee of \$50 (Renewals: \$25).
- Signed affidavit from a licensed fire protection sprinkler contractor. ****New Applicants Only.**

All licenses shall be valid for a period of not longer than one (1) year and shall expire on the 31st day of December of each year, regardless of the month issued. Licenses not renewed by the expiration date shall become void. Fitter has 1 year after the expiration date to reinstate their license.

Application process are a **minimum of 2 weeks to a maximum of 120 days** upon receiving the application submittal. Incomplete submittals will be returned.



STATE FIRE MARSHAL
IDAHO DEPARTMENT OF INSURANCE

700 W. State Street, 3rd Floor
P.O. Box 83720
Boise, ID 83720-0043
(208) 334-4370 | www.doi.idaho.gov/sfm

STATE OF IDAHO
Brad Little

FOR OFFICE USE ONLY

Application for Fire Protection Sprinkler Fitter License As specified by IDAPA 18.08.02.23

Application Fees

New Applicant\$50 Duplicate Fee\$10
Renewal Fee\$25

SECTION 1 – NAME AND ADDRESS

FULL NAME (This is what will appear on the license.)

DATE OF BIRTH

ADDRESS Number/Street or P.O. Box

CITY

STATE

ZIP CODE

PHONE NUMBER

EMAIL ADDRESS

SECTION 2 – EMPLOYMENT

NAME OF EMPLOYER/CONTRACTOR

PHONE NUMBER

ADDRESS OF EMPLOYER/CONTRACTOR

CITY

STATE

ZIP CODE

SECTION 3 – Authorized Signature

I clarify under penalty of perjury under the laws of the State of Idaho that all statements, answers and representation made in this application are true and accurate.

DATE

SIGNATURE

PRINTED NAME

OFFICE USE ONLY

License Number: _____

License Issued: _____

Mailed: _____

Approved by Idaho State Fire Marshal

Date