BUREAU OF OCCUPATIONAL LICENSES
700 West State Street, P.O. Box 83720
Boise, ID 83720-0063

REQUEST FOR OFFICIAL LICENSE/REGISTRATION CERTIFICATION

All requests for the official certification of a license/registration must be in writing and include a $10.00 fee. Verification of license/registration status may be obtained on the web at www.ibol.idaho.gov. **In the case of requests for records exempt from third-party disclosure, requestors are required to provide identification in accordance with I. C. § 9-342. If the records you request pertain to you, and the record is otherwise exempt from public disclosure, you must sign this form and have your signature notarized.** By completing this form, details such as date and time received are documented in the event questions arise later. If the requested certification is not being picked up in person, the requestor must provide a mailing address. The information provided on this form will be used for internal administrative purposes only. Your cooperation in providing the requested information is appreciated.

Requestor Name: _____

Address: _____
Street/ PO Box City State Zip

Phone number:_____ E-mail: _____

I hereby make request for an official certification of license/registration # _____.

Please mail the certified document to (if different than above):

Name: _____

Address: _____
Street/ PO Box City State Zip

AFFIDAVIT

I hereby certify that I am the holder of the license/registration noted above and that by signing this form I am authorizing the Bureau of Occupational Licenses to certify to my licensure or registration and release of information that is not public record to the person or entity noted above.

Signature:_____ Date:_____

State of _____, County of _____, ss.
Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

_____
Notary Public official signature
my commission expires_____