

**BUREAU OF OCCUPATIONAL LICENSES**  
**700 West State Street, P.O. Box 83720**  
**Boise, ID 83720-0063**  
**(208) 334-3233**

**REQUEST FOR PUBLIC RECORDS**

The Bureau requires that all requests for public records be in writing. **In the case of requests for records that are exempt from third-party disclosure, requestors are required to provide identification in accordance with I. C. § 74-113. If the records you request pertain to you, and the record is otherwise exempt from public disclosure (for example your application or testing information), you must sign this form and have your signature notarized.** Other requests for public information do NOT need to be notarized. If the requested records are not being picked up in person, the requestor must provide a mailing address. It may not be possible to provide immediate access to the requested records due to the time necessary to locate and retrieve the records. A written response to all requests will be made within 3 working days (I. C. § 74-103). **There is generally no fee for public records requests, but a fee may be required for records over 100 pages in length or that take more than two hours of employee time to respond. If you are requesting official certification of licensure, please fill out the licensure certification request form instead of this form.**

Requestor Name: \_\_\_\_\_

Requestor Address: \_\_\_\_\_  
Street/ PO Box City State Zip

Phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

License number if known and applicable: \_\_\_\_\_

In order to expedite the response and limit the potential costs to you, please be as specific as possible as to what information you are requesting on the following lines:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: Complaints and investigations are exempt from disclosure under Idaho Code 74-106(9) and 74-113(3)(a) and the public records process cannot be used for discovery in legal matters.

If you would like the information sent to a third party such as another state for the purpose of licensure, please list the contact information and address of where the information should be sent:

Contact Name/Agency: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/ PO Box City State Zip

I hereby make request to [ ] review and/or [ ] receive a copy of the official public records described 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 \_\_\_\_\_