



City Clerk's Office
 300 W. Ash, Rm. 206
 P.O. Box 736
 Salina, KS 67402-0736
 (785) 309-5735

For office use only:
 Year: _____

CHANGE IN QUALIFIED INDIVIDUAL FOR CONTRACTOR LICENSE

License Type Please Check One

- CLASS A CLASS B CLASS C CONCRETE
 DEMOLITION FIRE ALARM & COMMUNICATION FIRE SPRINKLER FRAMERS/ERECTORS
 HOOD SUPPRESSION/SPRAY BOOTH SUPPRESSION*
 MASONRY ROOFING ROW CONCRETE SIGN SWIMMING POOL

PLEASE TYPE OR PRINT ALL INFORMATION

COMPANY INFORMATION

COMPANY NAME _____

COMPANY ADDRESS _____ (Street) _____ (City) _____ (State) _____ (Zip)

MAILING ADDRESS _____ (Street) _____ (City) _____ (State) _____ (Zip)

COMPANY PHONE _____ FAX NUMBER _____ CELL PHONE _____

CITY OF SALINA CONTRACTOR LICENSE NUMBER _____

QUALIFYING INDIVIDUAL

PLEASE PRINT NAME: _____ SIGNATURE _____ DATE _____

- If the designated qualified individual for a building contractor licensee becomes no longer associated with the licensee for any reason (the "date of disassociation"), the licensee shall immediately notify the city clerk in writing of the date of disassociation and another qualified individual must be designated within thirty days after the date of disassociation. No further permits or inspections shall be granted to the licensee from the date of disassociation until a new qualifying individual has been designated. If a qualified individual is not designated within thirty days after the date of disassociation, work on all permits previously issued to the licensee shall be suspended until a qualified individual has been designated.*

QUALIFICATIONS (CHECK ONE) Test Degree Class RA Registration*

* Specialty Hood Suppression/Spray Booth Suppression Contractors are required to submit the Class RA Registration issued by the State of Kansas fire marshal per K.A.R. 22-10-3.

Please complete the appropriate section with your qualification information.

.....

TEST INFORMATION

Date Exam Passed: _____

PLEASE ATTACH COPY OF TEST CERTIFICATE

Did you pass with a minimum of 75%? Yes No

.....

DEGREE INFORMATION

Name of Accredited College or University _____

Date degree received: _____

PLEASE ATTACH COPY OF DEGREE CERTIFICATE

Which Bachelor's Degree did you receive? Please check one:

Engineering Architecture Construction Science/Management

.....

Class A, B, C Contractors

PLEASE INITIAL THE BELOW STATEMENT INDICATING YOU HAVE READ AND UNDERSTOOD THE AFFIDAVIT.

I understand that the new Qualified Individual is responsible for obtaining all of the required continuing education for the licensing cycle. _____ ← (Initial Here)

.....

I hereby certify that the above information is true and correct and that I have read and understand the requirements applicable to issuance of this license. If any of the information provided on this application is found to be false or incorrect, this license may be suspended or revoked.

PRINT NAME

SIGNATURE

DATE

For Office Use Only

Date Application Approved: _____

Application Approved/Denied by _____

Date Application Denied: _____

Fee: _____	Receipt # _____	Date Submitted: _____	Received By: _____
------------	-----------------	-----------------------	--------------------

