



DIVISION OF BUILDING SERVICES

City-County Building • Rm. 201 300 West Ash Street • P.O. Box 736

Salina, Kansas 67402-0736

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E-mail [building.services@salina.org](mailto:building.services@salina.org)

APPLICATION FOR TRADES EXAMINATION (Please print all information)

NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

TEST APPLIED FOR:

ELECTRICAL JOURNEYMAN  PLUMBING JOURNEYMAN  MECHANICAL JOURNEYMAN  MOBILE HOME JOURNEYMAN

SHEET METAL JOURNEYMAN

PLUMBING MASTER  MECHANICAL MASTER  MOBILE HOME MASTER

ELECTRICAL MASTER (An applicant for the master electrical examination must provide verification of passage of the journeyman electrical examination and provide verification that at least two (2) years of the required experience was acquired after passage of such examination, per Salina Municipal Code, Section 8-188 and Kansas State Statute 12-1526)

HAVE YOU PREVIOUSLY TAKEN THE EXAMINATION FOR WHICH YOU ARE APPLYING?

YES  NO

IF YES, WHEN? \_\_\_\_\_ WHERE? \_\_\_\_\_

To be eligible to take the examination, for which you are applying, an applicant shall certify that he has been in this trade doing the type of work he will be required to perform. All applicants for an examination shall submit written evidence, in detail, from all employers to prove longevity and diversity of experience (requirements as set out in Section 8-131 of the Code of the City of Salina). USE REVERSE SIDE TO SHOW EMPLOYMENT HISTORY.

**MINIMUM APPLICATION REQUIREMENTS**

- **MASTER APPLICANTS MUST CERTIFY AT LEAST FOUR YEARS**
- **JOURNEYMAN APPLICANTS MUST CERTIFY AT LEAST TWO YEARS**
- **MASTER MOBILE HOME CRAFTSMAN MUST CERTIFY AT LEAST FIVE YEARS**
- **JOURNEYMAN MOBILE HOME CRAFTSMAN MUST CERTIFY AT LEAST THREE YEARS**

I certify that this application and all attachments thereto are true and accurate statements.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_

BUILDING OFFICIAL

Application is valid for six months from date of the building official's signature. After six months a new application must be completed and submitted. A new application is always required if an applicant wishes to take a different test.

**EXPERIENCE RECORD**

(GIVE NAMES, ADDRESSES AND VERIFIABLE INFORMATION.

PLEASE INDICATE IF THE BUSINESS HAS CLOSED.)

**NOTE: Only experience gained through the following employment will be acceptable;**

- 1. Employment by a contractor in the trade for which testing certification is sought.**
- 2. Any related maintenance experience gained through working under the direction of a master licensed by the City of Salina**
- 3. Self-employment as the proprietor of a contracting business in the trade for which testing certification is sought**

PRESENT EMPLOYER (if applicable) \_\_\_\_\_

DATE OR START OF PRESENT EMPLOYMENT \_\_\_\_\_

PREVIOUS EMPLOYMENT (Please provide telephone numbers, if available)

<u>EMPLOYED BY:</u>	<u>ADDRESS</u>	<u>FROM</u>	<u>TO</u>

PLEASE LIST VOCATIONAL OR TECHNICAL SCHOOLS ATTENDED THAT COULD BE USED FOR A PORTION OF THE EXPERIENCE REQUIREMENTS. (One year of school is equivalent to 6 months of experience.)

<u>NAME OF SCHOOL</u>	<u>DEGREE OR CERTIFICATE</u>	<u>DATE ATTENDED</u>