



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

For office use only:
 Licensing Year: _____
 License No.: _____

**APPLICATION FOR SKILLED TRADE LICENSE
 NEW APPLICATION**

NAME (First) (Middle Initial) (Last) PHONE NUMBER

HOME ADDRESS (Street) (City) (State) (Zip)

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

Skilled Trade Type Please Circle ONLY One

- Apprentice Plumber
- Apprentice Electrician
- Apprentice Mobile Home
- Apprentice Mechanical
- Journeyman Plumber
- Journeyman Electrician
- Journeyman Mobile Home
- Journeyman Mechanical
- Master Plumber w/Gas
- Master Electrician
- Master Mobile Home
- Master Mechanical
- Apprentice Solid-Fuel Appliance
- Journeyman Sheet Metal
- Solid-Fuel Appliance Installer

TEST

(Examples of acceptable tests: Thomson Prometric, Exporior, ICC, National Fireplace Institute Woodburning Specialist and Pellet Specialist, etc.)

TEST SCORE _____

**ICC Test Participants – Please complete
 employment section on the back of this form.**

DATE PASSED EXAM CITY AND STATE EXAM TAKEN IN

NAME OF EMPLOYER PHONE NUMBER

I hereby certify that the above and foregoing information is true and correct and that I have read and understand the requirements applicable to issuance of this license.

PRINT NAME SIGNATURE DATE

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Test/Continuing Education Verified By (copies attached): _____ Good Through 12/31/_____
 Application Approved/Denied by _____ Date approved/denied _____

Amount \$ _____ Receipt No. _____ Date: _____ Received By: _____

ICC TEST RECIPIENTS ONLY - COMPLETE

Experience Record

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

- 1. Employment by a contractor in the trade for which testing certification was 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 was sought.**

Present Employer (if applicable) _____ Date of Start _____

PREVIOUS EMPLOYMENT:

<u>Employed By:</u>	<u>Address:</u>	<u>Dates of Employment</u>

VOCATIONAL OR TECHNICAL SCHOOL ATTENDANCE:

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>