

CITY OF GERING PLUMBING BOARD MEETING AGENDA

THE CITY OF GERING PLUMBING BOARD MEETING WILL BE HELD ON **NOVEMBER 12, 2025 AT 5:15 P.M.** IN THE GERING CITY HALL COUNCIL CHAMBERS, 1025 "P" STREET, GERING, NEBRASKA.

1. Call to Order and Roll Call

2. Open Meetings Act - Neb. Rev. Stat. Chapter 84, Article 14

As required by State Law, public bodies shall make available at least one current copy of the Open Meetings Act posted in the meeting room.

3. Approval of the September 24, 2025 Minutes

4. Current Business

- A. Review and consider approval of application for Journeyman Mechanical License – Chad Knoedler
- B. Review and consider approval of application for Journeyman Mechanical License – Harry Hazlitt
- C. Review and consider approval of application for Master Mechanical License – Eric J. McCarty
- D. Review and consider approval of application for Journeyman Plumber – Antonio Murillo
- E. Review and Ratification of Plumbing/Mechanical Licenses Issued Between 2021 and 2024
 - a. Oswaldo M Beraun
 - AM – JM 9/29/2023
 - AP – JP 9/29/2023
 - b. Aaron Kihlthau
 - AM – 5/6/2021
 - JM – 5/28/2024
 - c. Johnny Flood
 - JP – 1/4/2022
 - MP – 1/4/2025
 - d. Ricardo M Camacho
 - JP – 9/15/2017
 - MP – 9/16/2022
 - e. John Wilson
 - AP – 5/1/2012
 - JP – 5/26/2022
 - JM – 1/4/2018

- f. Mathew Beebe
 - JM – 5/10/2012
 - MM – 12/14/2024
- g. Zeb Frauendienst
 - AP – 5/22/2018
 - JP – 9/18/2024
- h. Adam Sauer
 - AP – 5/1/2021
 - JP – 9/18/2024
- i. Matthew Bowland
 - AP – 5/1/2021
 - JP – 9/18/2024
- j. Matthew Thompson
 - JP – 3/4/2021
 - MP – 9/13/2024
- k. Timothy Schneider
 - JP – 4/4/2013
 - MP – 6/20/2023
- l. Carl Sell
 - JM – 11/5/2018
 - MM – 6/27/2023
 - JP – 10/5/2018
 - MP – 10/28/2022
- m. Skyler Bennett
 - JM – 10/5/2021
 - MM – 2/9/2024
- n. Jay Wilson
 - JP – 4/30/2015
 - MP – 2/12/2022
- o. Brock Manley
 - JP – 9/3/2015
 - MP – 10/25/2022
- p. Shawn Strong
 - JP – 1/28/2020 & 4/21/2021

F. Discuss Process for Reciprocity Plumbing/Mechanical License Approval

5. City Building Inspector Report (Information only)

6. OPEN COMMENT: Discussion or action by the Plumbing Board regarding unscheduled business will not take place. This section is for citizen comment only.

7. Adjourn

THE OFFICIAL PROCEEDINGS OF THE GERING PLUMBING BOARD MEETING
September 24, 2025

A meeting of the City of Gering Plumbing Board was held in open session on September 24, 2025 at 5:15 p.m. in the Gering City Hall Council Chambers, 1025 P Street, Gering, NE. Present were Board Members Jeff Vance, Mike Davies and Lucan Palomo. Absent: Mathew Beebe and Josh Schlaepfer. Also present was Engineer Annie Folck and Administrative Support Specialist Karen Heins.

1. Call to Order

Board Member Vance called the meeting to order at 5:15 p.m. and roll call was taken.

2. Open Meetings Act

Board Member Vance reviewed the Nebraska Revised Statutes Chapter 84, Article 14, which requires at least one copy of the Open Meetings Act be posted in the meeting room.

Notice of the meeting was given in advance thereof by publication in the Star Herald, the designated method of giving notice. Availability of the agenda was communicated in advance to the Media and Board Members. All proceedings hereafter were taken while the meeting was open to the attendance of the public.

3. Approval of the September 11, 2025 Minutes

Board Member Vance moved to approve the minutes from the September 11, 2025 regular meeting. It was seconded by Board Member Davies. On roll call vote, the following voted "AYE": Jeff Vance, Mike Davies, and Lucan Palomo. Absent: Mathew Beebe and Josh Schlaepfer.

4. Current Business

a. Review and consider approval of application for Master Mechanical License – Oswaldo Berean Jr.

Mr. Berean, originally licensed out of Alliance, Nebraska, then licensed in Scottsbluff. He is currently employed with Snell Services. He frequently travels between Scottsbluff/Gering and North Platte for work.

Board Member Davies noted that Mr. Berean had accumulated the required years of experience and had successfully passed the licensing examination. The Board collectively agreed that he met all the necessary qualifications for licensure.

Board Member Vance moved to approve granting a Master Mechanical License to Oswaldo Berean Jr. The motion was seconded by Board Member Davies. On roll call vote, the following voted "AYE": Jeff Vance, Mike Davies, and Lucan Palomo. Absent: Mathew Beebe and Josh Schlaepfer.

5. City Building Inspector Report (Information only)

Building Inspector Vance reported that the Amazon project is progressing and nearing completion. Engineer Folck added that staff continue to work through previous applications, and it is expected that another meeting will be scheduled in November to finalize remaining items. She acknowledged that the Plumbing Board has had several recent meetings but anticipates that meeting frequency will decrease moving forward.

6. **Open Comment:** Discussion or action by the Plumbing Board regarding unscheduled business will not take place. This section is for citizen comment only.

There were no comments.

7. Adjourn

Motion to adjourn was made by Board Member Vance and it was seconded by Board Member Davies. There was no discussion. On roll call vote, the following voted "AYE": Jeff Vance, Mike Davies, and Lucan Palomo. Absent: Mathew Beebe and Josh Schlaepfer.

Meeting adjourned at 5:20 p.m.

Mathew Beebe, Chairman

ATTEST:

Karen Heins, Administrative Secretary

SNELL SERVICES, INC.

Commercial • Residential Contractors

2220 W. Front St., P.O. Box 629
North Platte, NE 69103-0629
308-532-6870
FAX: 308-532-1040

2345 N. 10th Street, P.O. Box 484
Gering, NE 69341
308-436-7372
FAX: 308-436-2043

Jeff Vance
Building Inspector
City of Gering
1025 P Street
Gering, Ne

September 3, 2025

Subject: Chad Knoedler - Mechanical Journeyman

To Jeff Vance and the Licensing Board of the City of Gering, Nebraska,

I am writing to request that Chad Knoedler be considered a Journeyman Mechanical for Snell Services, Inc. Attached is a copy of his apprentice card and Journeyman Mechanical License (Grand Island, NE).

Moreover, Chad has been instrumental in the successful delivery of several significant projects, showcasing his diverse capabilities and leadership. These projects include:

- **Platte Valley Bank Admin Building:** November 2024 - Current
 - In charge of design, estimation, project oversight, and completion.
- **Great Plains Health Lab Remodel:** May 2023 - September 2024
 - Managed design, estimation, project oversight, and completion for this critical healthcare facility upgrade.
- **Julesburg Pre-K - 12th School:** March 2022 - August 2023
 - Oversaw the mechanical aspects from design through completion for this educational institution.
- **FlyOver Brewery:** November 2021 - February 2022
 - Responsible for the mechanical design, estimation, oversight, and completion of this commercial project.
- **Phelps Memorial Hospital:** June 2021 - October 2021
 - Contributed significantly to the mechanical systems, managing the project from design to completion.
- **Western Nebraska Veterans Home:** February 2021 - March 2021
 - Played a key role in the mechanical aspects, overseeing the project through its various stages.

I am confident that Mr. Knoedler will not only meet but exceed the expectations required for the City of Gering. Please do not hesitate to contact me if you require any further information or clarification regarding his qualifications.

Sincerely,



Mark Schanou
Human Resources
Snell Services, Inc.
(402) 803-9230



CITY OF GERING APPLICATION FOR MECHANICAL LICENSE

(Incomplete applications will not be considered)

The undersigned hereby makes application for a license in accordance with Ordinance No. 2157, Chapter 119: Mechanical Contractors.

Please **check all** that are being applied for:

☐ Master Mechanical

☒ Journeyman Mechanical

☐ Apprentice Mechanical

☐ Gas Fitter

Attach credentials, certifications, letters, affidavits and test results to application.

1. Knoodler, Chad
Applicant Name (Last, First, Middle Initial)

125 Ivan St
Applicant Address (Street)
Lemoine, NE 69146
Applicant (City, State, Zip)

chad.knoodler@snellservices.com
Applicant Email Address

308-520-7300
Applicant Phone Number

Current Employer's Business Name and Address:

Snell Services
2345 N. 10th

Current employer's Phone Number:

Gering NE

2. EDUCATION - College(s) or Trade School(s) attended:

Name of School

Program Completed

Date graduated

School Address (City/State)

Name of School

Program Completed

Date graduated

School Address (City/State)

3. EXPERIENCE RECORD - Current and Former Employer's

NOTE: Letters or affidavits from employers must be attached.

Name and Addresses:
(Starting with the **most recent** first)

Position Held:
(Master, etc.)

Dates:
(From - To)

a. See attached

b. _____

c. _____

Date Issued:

a. Apprentice

b. Journeyman

Grand Island
Grand Island

9/2/25

4. PERSONAL REFERENCES:

Please provide the names, email addresses, and phone numbers of at least three individuals who are not related to you and are not employed by your current employer, who can verify the accuracy of the information provided above.

Name:

Email Address:

Contact Number:

a. _____

b. _____

C. _____

Applicant's Signature Chad Knoedler

X 7.3.25
Date

FOR OFFICE USE ONLY

License Number: _____

Date License was Granted: _____

Date Paid: _____

☐ Cash ☐ Check # _____ ☐ Credit Card

Receipt Number: _____



July 31, 2025

Re: Chad Knoedler

To Whom It May Concern:

Chad Knoedler has been employed by Snell Services, Inc. beginning 1/1/2003 until the present date.

During this time Chad has accumulated 44,619 hours working in our mechanical division.

Please feel free to contact our office with any questions.

Sincerely,

SNELL SERVICES, INC.

Kandi Lynes
Payroll Clerk

CERTIFICATE OF REGISTRATION

APPRENTICE

M CITY OF GRAND ISLAND, NEBRASKA No. 185

This is to certify that Chad Knoester has submitted satisfactory evidence of compliance with qualification requirements of the Code of the City of Grand Island, Nebraska.

THIS CERTIFICATE MAY BE REVOKED FOR JUST CAUSE

Void after 10/31/25
CHIEF BUILDING OFFICIAL

Fee: \$50.00

CITY OF GRAND ISLAND

JOURNEYMAN MECHANICAL FITTER LICENSE

LICENSE # JL25-000207

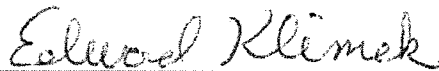
Effective date 09/02/2025 to 12/31/2025

This License is awarded to:

Chad Knoedler

The individual named hereon has satisfactorily demonstrated trade knowledge and has completed appropriate time requirements.

This license allows you to perform work as a JOURNEYMAN MECHANICAL FITTER in the City of Grand Island's Jurisdiction as perscribed in the code. Your license card shall be available for presentation while conducting permitted work.



For the City of Grand Island Building Dept

SNELL SERVICES, INC.

Commercial • Residential Contractors

2220 W. Front St., P.O. Box 629
North Platte, NE 69103-0629
308-532-6870
FAX: 308-532-1040

2345 N. 10th Street, P.O. Box 484
Gering, NE 69341
308-436-7372
FAX: 308-436-2043

Jeff Vance, Building Inspector
City of Gering
1025 P St. / PO Box 687
Gering, NE

September 2, 2025

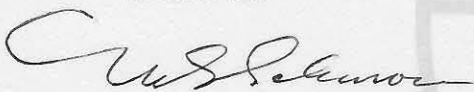
Subject: Request to Test for Master Mechanical License – Harry Hazlitt

To the Licensing Board of the City of Gering, Nebraska,

I am writing to request that our recent hire, Harry Hazlitt, be granted permission to test for his Master Mechanical License.

Attached is his application as well as documentation concerning his credentials. Please let me know what additional information you may need.

Thank you,
Mark Schanou



Human Resources
Snell Services, Inc.
(402) 803-9230



CITY OF GERING APPLICATION FOR MECHANICAL LICENSE
(Incomplete applications will not be considered)

The undersigned hereby makes application for a license in accordance with Ordinance No. 2157, Chapter 119: Mechanical Contractors.

Please **check all** that are being applied for:

- ☐ Master Mechanical ☐ Apprentice Mechanical
☒ Journeyman Mechanical ☐ Gas Fitter

Attach credentials, certifications, letters, affidavits and test results to application.

1. Hozlitt Harry W 1708 4th Ave
Applicant Name (Last, First, Middle Initial) Applicant Address (Street)
SCOTT BLUFF, NE, 69361
Applicant (City, State, Zip)
HARRY.HOZLITT@AOL.COM 308-641-4728
Applicant Email Address Applicant Phone Number

Current Employer's Business Name and Address: SNELL SERVICE'S
2345 10th St, GERING, NE
Current employer's Phone Number: (402) 803-9230

2. EDUCATION - College(s) or Trade School(s) attended:

Overhill's High School High School 9/22/2011
Name of School Program Completed Date graduated
2485 4th Road SPRING LAKE, NC
School Address (City/State)

Name of School Program Completed Date graduated

School Address (City/State)

3. EXPERIENCE RECORD - Current and Former Employer's

NOTE: Letters or affidavits from employers must be attached.

Name and Addresses: (Starting with the most recent first)	Position Held: (Master, etc.)	Dates: (From - To)
a. <u>SNELL SERVICE'S</u>	<u>HVAC MANAGER MANAGER</u>	<u>CURRENT</u>
b. <u>Walmart</u>	<u>HVAC MANAGER</u>	<u>2018-2025</u>
c. <u>INDEPENDENT PLUMBING & Heating</u>	<u>service tech</u>	<u>2017-2018</u>

List any other licenses held:
(i.e., Master, Journeyman, Apprentice)

City Where Issued:

Date Issued:

- a. See attached
- b. _____

4. PERSONAL REFERENCES:

Please provide the names, email addresses, and phone numbers of at least three individuals who are not related to you and are not employed by your current employer, who can verify the accuracy of the information provided above.

Name:

Email Address:

Contact Number:

- a. Harry Hazlitt NA 910-813-5014
- b. Michael ~~910-540-6792~~ - NA 910-540-6792
- c. Matt NA 309-440-8391

[Signature]

Applicant's Signature

~~9/12/25~~

Date

FOR OFFICE USE ONLY

License Number: _____

Date License was Granted: _____

Date Paid: _____

☐ Cash ☐ Check # _____ ☐ Credit Card

Receipt Number: _____



OFFICIAL RESULTS REPORT

F31 - National Standard Journeyman
Mechanical



Name: harry hazlitt

Candidate ID: ICNON146712

Address: 1921 Broadway

Date: 2/22/2019

Scottsbluff NE 69361

EXAMINATION RESULT: **PASS**

Congratulations! You have passed the above-named examination. You will be able to verify your pass status on the ICC website within 48-72 business hours after your exam. **Please contact your participating jurisdiction if you wish to pursue licensing.**

A passing score on this examination satisfies the testing requirements for licensure only, and does not guarantee that licensing will be granted. The candidate must also satisfy all local ordinance requirements in each jurisdiction where licensing is desired.

It is extremely important that you notify Pearson VUE and ICC of any changes in name and/or address to avoid the possibility of future correspondence not being received. Please contact both Pearson VUE at 877-234-6082 and ICC at 888-422-7233 ext. 5524 with changes to your name and address.

ICC reserves the right to amend or withhold any examination scores if, in its sole opinion, there is adequate reason to question their validity.

*The authenticity of this score report can be validated by using Pearson VUE's Online Score Report Authentication found at:
www.PearsonVUE.com/authenticate
Digital embossing eliminates the possibility of unauthorized embossing of counterfeit score reports.*

Registration Number: **347536895**

Validation Number: **743269370**

City of Scottsbluff, Nebraska

KNOW YE BY THESE PRESENTS, THAT

Harry Hazlitt

IS HEREBY GRANTED LICENSE

as LIMITED



WF

FOR THE PERIOD ENDING APRIL 30, 20 20

AB

SCOTTSBLUFF PLUMBING OFFICIAL

DATE ISSUED 1 May 19 LICENSE NO. 19-1

esco institute

Program EPA Approved
December 28, 1993

CERTIFICATE NO. 718581105830



EPA Certified

NAME: HARRY V. HAZLITT

has been certified as a

TYPE I - TYPE II

technician as required by 40 CFR part 82 subpart F



Business Name:

Valley Clear Creek

Employee Name:

Harry Hazlitt

License #:

123-

Classification:

Apprentice Refrigeration

License Term:

12-31-

Dennis Estes Bldg. Insp.

City of Scottsbluff, Nebraska

KNOW YE BY THESE PRESENTS, THAT

Harry Hazlitt

IS HEREBY GRANTED LICENSE

as JOURNEYMAN MECHANICAL

FOR THE PERIOD ENDING APRIL 30, 20 26

SCOTTSBLUFF CITY CLERK

DATE ISSUED 5-29-25 LICENSE NO. 25-09

CITY OF GERING NEBRASKA

KNOW YE BY THESE PRESENTS THAT

HARRY HAZLITT

IS HEREBY GRANTED
ENDORSEMENT HVAC

FOR THE PERIOD ENDING APRIL 30, 2019

DATE ISSUED MAY 1, 2018 LICENSE NO E-21

CITY CLERK

Kathleen J. Weefe

City of Scottsbluff, Nebraska

KNOW YE BY THESE PRESENTS, THAT

Harry Hazlitt

IS HEREBY GRANTED LICENSE

as LIMITED



WF

FOR THE PERIOD ENDING APRIL 30, 20 20

SCOTTSBLUFF PLUMBING OFFICIAL

DATE ISSUED 3-25-19 LICENSE NO 19-01



Business Name:

Valley Clear Creek

Employee Name:

Harry Hazlitt

License #:

123-

Classification:

Apprentice HVAC

License Term:

12-31-

Dennis Estes Bldg. Insp.



Business Name:

Valley Clear Creek

Employee Name:

Harry Hazlitt

License #:

123-

Classification:

Apprentice Plumber

License Term:

12-31-

Dennis Estes Bldg. Insp.

received 10/10/2025



CITY OF GERING APPLICATION FOR MECHANICAL LICENSE
(Incomplete applications will not be considered)

The undersigned hereby makes application for a license in accordance with Ordinance No. 2157, Chapter 119: Mechanical Contractors.

Please **check all** that are being applied for:

☒ Master Mechanical

☐ Apprentice Mechanical

☐ Journeyman Mechanical

☐ Gas Fitter

Attach credentials, certifications, letters, affidavits and test results to application.

1.

McCarty Eric J.
Applicant Name (Last, First, Middle Initial)

322 Cook Rd
Applicant Address (Street)
Mitchell NE 69357
Applicant (City, State, Zip)

ejmccarty4722@gmail.com
Applicant Email Address

(308) 765-1034
Applicant Phone Number

Current Employer's Business Name and Address:

N/A

Current employer's Phone Number:

2. EDUCATION - College(s) or Trade School(s) attended:

Westward College of Technology
Name of School
Denver, CO
School Address (City/State)

Associate of Applied Science HVAC
Program Completed

10/8/02
Date graduated

Name of School

Program Completed

Date graduated

School Address (City/State)

3. EXPERIENCE RECORD - Current and Former Employer's

NOTE: Letters or affidavits from employers must be attached.

Name and Addresses:

(Starting with the **most recent** first)

Position Held:

(Master, etc.)

Dates:

(From - To)

a. Snell Services Inc.

HVAC Supervisor/Tech

10/2006 - 9/2025

b. _____

c. _____

List any other licenses held:
(i.e., Master, Journeyman, Apprentice)

City Where Issued:

Date Issued:

- a. Master Mechanical Gaithersburg / SB N/A
- b. Journeyman Mechanical Gaithersburg / SB 4/30/24

4. PERSONAL REFERENCES:

Please provide the names, email addresses, and phone numbers of at least three individuals who are not related to you and are not employed by your current employer, who can verify the accuracy of the information provided above.

Name:

Email Address:

Contact Number:

- a. Greg Wolf N/A (308) 671-5938
- b. Wesley Baldwin N/A (307) 797-1951
- c. Norah Carpenter N/A (308) 672-1049

[Signature]
Applicant's Signature

10/10/25
Date

.....

FOR OFFICE USE ONLY

License Number: _____

Date License was Granted: _____

Date Paid: _____

☐ Cash ☐ Check # _____ ☐ Credit Card

Receipt Number: _____



OFFICIAL RESULTS REPORT

F29 - National Standard Master Mechanical



Name: Eric McCarty
Address: 322 Cook Rd
Mitchell, NE 69357

Candidate ID: ICNON216806
Date: 10/09/2025

EXAMINATION RESULT: **PASS**

Congratulations! You have passed this examination.

Next Steps: Contact your jurisdiction to check what other local requirements you may need to obtain your license. A passing score on this examination satisfies the testing requirements for licensure only and does not guarantee that licensing will be granted.

Need to update your name or address on file? Your ICC email address is the Pearson VUE email address used to register for this ICC Contractor/Trades examination. Login to your myICC account to update your candidate demographic information (Address, Phone Number, Email, and Legal Name). Visit support.iccsafe.org and search *Demographics* for a step-by-step guide.

If you are unable to access your myICC account, please contact ICC at 1-888-422-7233 ext. 5524 or via email at customersuccess@iccsafe.org.

Need a duplicate result letter? Login to your online Pearson VUE account to obtain a duplicate copy of your score report.

The Code Council reserves the right to amend or withhold any examination scores if, in its sole opinion, there is adequate reason to question their validity.

The authenticity of this score report can be validated by using Pearson VUE's Online Score Report Authentication found at:
<http://www.pearsonvue.com/authenticate>

Registration Number: **517235164** Validation Number: **1992942231**



CITY OF GERING APPLICATION FOR PLUMBING LICENSE

(Incomplete applications will not be considered)

The undersigned hereby makes application for a license in accordance with Ordinance No. 2156, Chapter 116: Plumbing Contractors.

Please check all that are being applied for:

RECEIVED OCT 21 2005

☐ Master Plumber

☒ Journeyman Plumber
☐ Apprentice Plumber

☐ Water Fitter

☐ Gas Fitter Endorsement

Attach credentials, certifications, letters, affidavits and test results to application.

1.

Murillo, Antonio S
Applicant Name (Last, First, Middle Initial)

Applicant Address (Street)

30 South Street

Applicant (City, State, Zip)

Gering, NE 69341

murilloantonio0529@gmail.com

Applicant Email Address

Applicant Phone Number

(308) 765-4348

Current Employer's Business Name and Address:

Shen Services Inc

Current employer's Phone Number:

2345 10th Gering NE 69341

2. EDUCATION - College(s) or Trade School(s) attended:

Name of School

Program Completed

Date graduated

School Address (City/State)

Name of School

Program Completed

Date graduated

School Address (City/State)

3. EXPERIENCE RECORD - Current and Former Employer's

NOTE: Letters or affidavits from employers must be attached.

Name and Addresses:

Position Held:

Dates:

(Starting with the **most recent** first)

(Master, etc.)

(From – To)

a. Current employee w/ Snell Services since 12/5/2022

b. _____

c. _____

List any other licenses held:

(i.e., Master, Journeyman, Apprentice)

City Where Issued:

Date Issued:

a. was apprentice w/ Snell Services - just passed journeyman's test

b. _____

4. PERSONAL REFERENCES: same as apprentice registration

Please provide the names, email addresses, and phone numbers of at least three individuals who are not related to you and are not employed by your current employer, who can verify the accuracy of the information provided above.

Name:

Email Address:

Contact Number:

a. _____

b. _____

c. _____

X Antonio Munilla

Applicant's Signature

X 21 OCT 2025

Date

FOR OFFICE USE ONLY

License Number: _____

Date License was Granted: _____

Date Paid: _____

☐ Cash ☐ Check # _____ ☐ Credit Card



OFFICIAL RESULTS REPORT

F28 - National Standard Journeyman Plumber with Gas



Name: Antonio S Murillo
Address: 30 South Street
Gering, NE 69341

Candidate ID: ICNON216579
Date: 10/17/2025

EXAMINATION RESULT: **PASS**

Congratulations! You have passed this examination.

Next Steps: Contact your jurisdiction to check what other local requirements you may need to obtain your license. A passing score on this examination satisfies the testing requirements for licensure only and does not guarantee that licensing will be granted.

Need to update your name or address on file? Your ICC email address is the Pearson VUE email address used to register for this ICC Contractor/Trades examination. Login to your myICC account to update your candidate demographic information (Address, Phone Number, Email, and Legal Name). Visit support.iccsafe.org and search *Demographics* for a step-by-step guide.

If you are unable to access your myICC account, please contact ICC at 1-888-422-7233 ext. 5524 or via email at customersuccess@iccsafe.org.

Need a duplicate result letter? Login to your online Pearson VUE account to obtain a duplicate copy of your score report.

The Code Council reserves the right to amend or withhold any examination scores if, in its sole opinion, there is adequate reason to question their validity.

*The authenticity of this score report can be validated by using Pearson VUE's Online Score Report Authentication found at:
<http://www.pearsonvue.com/authenticate>
Registration Number: 516708281 Validation Number: 19368081*

CITY OF GERING APPLICATION FOR LICENSE
(Incomplete applications will not be considered)

The undersigned hereby makes application for a license in accordance with Gering City Ordinances.

Please **circle all** that are being applied for: **GF, WF, SM, MP, JP, AP, HVAC.**

Attach credentials, certifications, letters, affidavits and test results to application.

1. BERAUN, OSWALDO, MARTIN 1718 12TH AVENUE
Name (Last, First, Middle) Home Mailing Address SCOTSBUFF, NE 69361
308-206-8480
Contact Phone Number

SNELL'S SERVICES, INC 2345 10TH ST. Gering NE 69341
Present employer's business name, phone number, address

2. EDUCATION:
College(s) or Trade School(s) attended:

Name and address of school	Date graduated
Name and address of school	Date graduated

3. EXPERIENCE RECORD:

Current and Former Employer's

Name and Addresses:

(Starting with the **most recent** first)

Position Held:

(Master, etc.)

Dates:

From-To

a. SNELL'S SERVICES INC

JOURNEYPMAN

08-31-2025
CURRENT

b. BERAUN'S PLUMBING

JOURNEYPMAN

1997-2025

2900 AVENUE F

c. _____

List any other licenses held:
(Type: Master, Journeyman, Apprentice)

City Where
Issued

Date
Issued:

a. JOURNEYPMAN

SCOTSBUFF

b. _____

4. PERSONAL REFERENCES:

Give names and COMPLETE addresses of at least three persons not related to you, who can vouch for the truthfulness of the above statements.

NAMES

ADDRESSES

Thursday March 27, 2025
Today's date

[Signature]
Applicant's Signature

In case of failure to pass test, applicant must resubmit in six months.

.....
FOR OFFICE USE ONLY

Name (Last, First, Middle)

Home mailing address

Date license was applied for: _____

TEST(S) TAKEN AND DATE(S):

(a) PLUMBERS: _____ SCORE: _____ DATE: _____ TEST NO. _____

(b) GAS FITTERS: _____ SCORE: _____ DATE: _____ TEST NO. _____

(c) SHEET METAL: _____ SCORE: _____ DATE: _____ TEST NO. _____

Note: Indicate type of Plumbers test taken by circling **ONE** of the following:

MASTER PLUMBER'S TEST or JOURNEYMAN PLUMBER'S TEST

Date license was granted: _____

Name and address of Employer at the time license was granted: _____

APPROVED: _____

CODE ADMINISTRATOR



OFFICIAL RESULTS REPORT

F31 - National Standard Journeyman
Mechanical



Name: Oswaldo Beraun

Candidate ID: ICNON166991

Address: 2906 Avenue F

Date: 9/29/2023

Scottsbluff NE 69361

EXAMINATION RESULT: **PASS**

Congratulations! You have passed the above-named examination. You will be able to verify your pass status on the ICC website within 48-72 business hours after your exam. **Please contact your participating jurisdiction if you wish to pursue licensing.**

A passing score on this examination satisfies the testing requirements for licensure only, and does not guarantee that licensing will be granted. The candidate must also satisfy all local ordinance requirements in each jurisdiction where licensing is desired.

It is extremely important that you notify Pearson VUE and ICC of any changes in name and/or address to avoid the possibility of future correspondence not being received. Please contact both Pearson VUE at 877-234-6082 and ICC at 888-422-7233 ext. 5524 with changes to your name and address.

ICC reserves the right to amend or withhold any examination scores if, in its sole opinion, there is adequate reason to question their validity.

The authenticity of this score report can be validated by using Pearson VUE's Online Score Report Authentication found at:

www.PearsonVUE.com/authenticate

Digital embossing eliminates the possibility of unauthorized embossing of counterfeit score reports.

Registration Number: 460026337

Validation Number: 803284062



OFFICIAL RESULTS REPORT

G28 - Journeyman Plumber with Gas



Name: Oswaldo Beraun

Candidate ID: ICNON166991

Address: 2906 Avenue F

Date: 9/29/2023

Scottsbluff

NE 69361

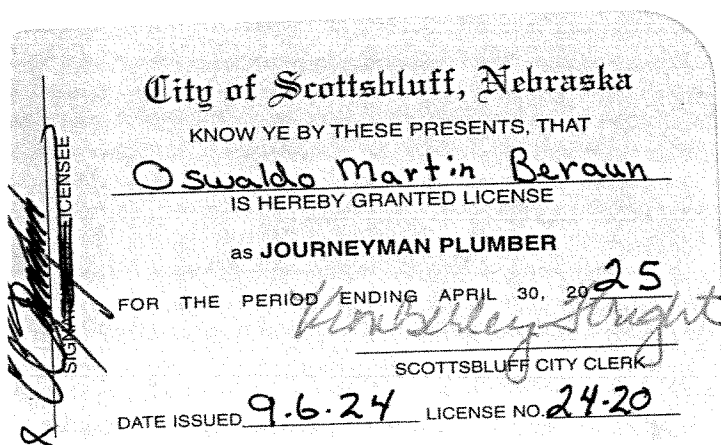
EXAMINATION RESULT: PASS

Congratulations! You have passed the above-named examination. You will be able to verify your pass status on the ICC website within 48-72 business hours after your exam. **Please contact your participating jurisdiction if you wish to pursue licensing.**

A passing score on this examination satisfies the testing requirements for licensure only, and does not guarantee that licensing will be granted. The candidate must also satisfy all local ordinance requirements in each jurisdiction where licensing is desired.

It is extremely important that you notify Pearson VUE and ICC of any changes in name and/or address to avoid the possibility of future correspondence not being received. Please contact both Pearson VUE at 877-234-6082 and ICC at 888-422-7233 ext. 5524 with changes to your name and address.

ICC reserves the right to amend or withhold any examination scores if, in its sole opinion, there is adequate reason to question their validity.



The authenticity of this score report can be validated by using Pearson VUE's Online Score Report Authentication found at:

www.PearsonVUE.com/authenticate

Digital embossing eliminates the possibility of unauthorized embossing of counterfeit score reports.

Registration Number:

460026336

Validation Number:

803268886

SIGNATURE OF LICENSEE

City of Gering, Nebraska

KNOW YE BY THESE PRESENTS, THAT

OSWALDO M. BEREAN

IS HEREBY GRANTED LICENSE

as **JOURNEYMAN MECHANICAL**

FOR THE PERIOD ENDING APRIL 30, 2026



GERING CITY CLERK

DATE ISSUED **05-01-2025**

LICENSE NO. **SS JM-01**

City of Gering, Nebraska

KNOW YE BY THESE PRESENTS, THAT

OSWALDO M. BEREAN

IS HEREBY GRANTED LICENSE

as **JOURNEYMAN PLUMBER**

FOR THE PERIOD ENDING APRIL 30, 2026



GERING CITY CLERK

LICENSE NO. **SS JP-03**

DATE ISSUED **05-01-2025**



CITY OF GERING APPLICATION FOR LICENSE

(Incomplete applications will not be considered)

Apprentice

The undersigned hereby makes application for a license in accordance with Gering City Ordinances.

Please **circle all** that are being applied for: GF, WF, SM, MP, JP, AP, **HVAC**

Attach credentials, certifications, letters, affidavits and test results to application.

1. Kilthau, Aaron Michael 214 W 24th St.
Name (Last, First, Middle) Home Mailing Address
303-385-3992 Scottsbluff, NE 69361
Contact Phone Number

Big Mack HVAC, 308-672-6429, 2905 12th St, Gering
Present employer's business name, phone number, address

2. EDUCATION:
College(s) or Trade School(s) attended:

Name and address of school	Date graduated
----------------------------	----------------

Name and address of school	Date graduated
----------------------------	----------------

3. EXPERIENCE RECORD:

Current and Former Employer's

Name and Addresses:

(Starting with the **most recent** first)

Position Held:

(Master, etc.)

Dates:

From-To

a. <u>Big Mack HVAC</u> <u>2905 12th St. Gering, NE</u>	<u>Apprentice</u>	<u>1/21 - Present</u>
---	-------------------	-----------------------

b. <u>Lincoln Property Company</u> <u>10200 Park Meadows Dr, Littleton, CO</u>	<u>Assistant Supervisor</u>	<u>8/17 - 12/20</u>
---	-----------------------------	---------------------

c. _____	_____	_____
----------	-------	-------

List any other licenses held:
(Type: Master, Journeyman, Apprentice)

City Where
Issued

Date
Issued:

a. _____	_____	_____
----------	-------	-------

b. _____	_____	_____
----------	-------	-------

List any other licenses held:
(i.e., Master, Journeyman, Apprentice)

City Where Issued:

Date Issued:

a. Journeyman
b. _____

Scottsbluff

5/7/25

4. PERSONAL REFERENCES:

Please provide the names, email addresses, and phone numbers of at least three individuals who are not related to you and are not employed by your current employer, who can verify the accuracy of the information provided above.

Name:

Email Address:

Contact Number:

a. _____
b. _____
c. _____

[Signature]
Applicant's Signature

10/1/25
Date

FOR OFFICE USE ONLY

License Number: _____

Date License was Granted: _____

Date Paid: _____

☐ Cash ☐ Check # _____ ☐ Credit Card

Receipt Number: _____

C.

List any other licenses held:
(i.e., Master, Journeyman, Apprentice)

City Where Issued:

Date Issued:

a. Journeyman Hvac

Scottsbluff

5-7-25

b. _____

4. PERSONAL REFERENCES:

Please provide the names, email addresses, and phone numbers of at least three individuals who are not related to you and are not employed by your current employer, who can verify the accuracy of the information provided above.

Name:

Email Address:

Contact Number:

a. _____

b. _____

c. _____

Applicant's Signature

Date

.....
FOR OFFICE USE ONLY

License Number: _____

Date License was Granted: _____

Date Paid: _____

☐ Cash ☐ Check # _____ ☐ Credit Card

Receipt Number: _____



OFFICIAL RESULTS REPORT

F31 - National Standard Journeyman Mechanical



Name: Aaron M Kihlthau
Address: PO Box 521
Gering, NE 69341

Candidate ID: ICNON200893
Date: 05/28/2024

EXAMINATION RESULT: **PASS**

Congratulations! You have passed this examination.

Here are the next steps to achieving your license:

1. Verify your exam's pass status on the International Code Council website after your exam at <http://preauthorization.iccsafe.org> (available within 48-72 business hours)
2. Contact your jurisdiction to check what other local requirements you may need to obtain your license
 - A passing score on this examination satisfies the testing requirements for licensure only and does not guarantee that licensing will be granted.

Need to update your name or address on file? Contact us! We want to make sure you're up-to-date with any information about your exam from both Pearson VUE and the Code Council.

Contact Pearson VUE at 877-234-6082. Call or email us at the International Code Council at 888-422-7233 ext. 5524 or customersuccess@iccsafe.org.

The Code Council reserves the right to amend or withhold any examination scores if, in its sole opinion, there is adequate reason to question their validity.

The authenticity of this score report can be validated by using Pearson VUE's Online Score Report Authentication found at:

*<http://www.pearsonvue.com/authenticate>
Registration Number: 477143806 Validation Number: 3761508*

AP 30⁰⁰
20⁰⁰

CITY OF GERING APPLICATION FOR LICENSE
(Incomplete applications will not be considered)

The undersigned hereby makes application for a license in accordance with Gering City Ordinances.

Please circle all that are being applied for: GF, WF, SM, MP, JP, AP,
Apprentice HVAC, Master HVAC, Journeyman HVAC.

Attach credentials, certifications, letters, affidavits and test results to application.

1. Flood, Johnny 1420 P St Gering, NE, 69341
Name (Last, First, Middle) Home Mailing Address
308-631-0543
Contact Phone Number
Grace Industries, 308-672-8193, 200076 CRd K, Scottsbluff, NE, 693
Present employer's business name, phone number, address

2. EDUCATION:
College(s) or Trade School(s) attended:

Name and address of school	Date graduated

3. EXPERIENCE RECORD:

Current and Former Employer's

Name and Addresses:
(Starting with the **most recent** first)

Position Held:
(Master, etc.)

Dates:
From-To

a. Grace Industries Master Plumber Current

b. _____

c. _____

List any other licenses held:
(Type: Master, Journeyman, Apprentice)

City Where
Issued

Date
Issued:

a. _____

b. _____

4. PERSONAL REFERENCES:

Give names and COMPLETE addresses of at least three persons not related to you, who can vouch for the truthfulness of the above statements.

NAMES	ADDRESSES
_____	_____
_____	_____
_____	_____
_____	_____
Today's date	Applicant's Signature

In case of failure to pass test, applicant must resubmit in six months.

.....

FOR OFFICE USE ONLY

Name (Last, First, Middle) Home mailing address

Date license was applied for: _____

TEST(S) TAKEN AND DATE(S):

(a) PLUMBERS: _____ SCORE: _____ DATE: _____ TEST NO. _____

(b) GAS FITTERS: _____ SCORE: _____ DATE: _____ TEST NO. _____

(c) SHEET METAL: _____ SCORE: _____ DATE: _____ TEST NO. _____

Note: Indicate type of Plumbers test taken by circling **ONE** of the following:

MASTER PLUMBER'S TEST or JOURNEYMAN PLUMBER'S TEST

Date license was granted: _____

Name and address of Employer at the time license was granted: _____

APPROVED: _____

CODE ADMINISTRATOR



G25 - National Journeyman Plumber



Name: johnny flood

Candidate ID: ICNON174766

Address: 1420 p street

Date: 1/14/2022

gering

NE 69341

EXAMINATION RESULT: PASS

Congratulations! You have passed the above-named examination. You will be able to verify your pass status on the ICC website within 48-72 business hours after your exam. **Please contact your participating jurisdiction if you wish to pursue licensing.**

A passing score on this examination satisfies the testing requirements for licensure only, and does not guarantee that licensing will be granted. The candidate must also satisfy all local ordinance requirements in each jurisdiction where licensing is desired.

It is extremely important that you notify Pearson VUE and ICC of any changes in name and/or address to avoid the possibility of future correspondence not being received. Please contact both Pearson VUE at 877-234-6082 and ICC at 888-422-7233 ext. 5524 with changes to your name and address.

ICC reserves the right to amend or withhold any examination scores if, in its sole opinion, there is adequate reason to question their validity.

*The authenticity of this score report can be validated by using Pearson VUE's Online Score Report Authentication found at:
www.PearsonVUE.com/authenticate
Digital embossing eliminates the possibility of unauthorized embossing of counterfeit score reports.*

Registration Number:

412676673

Validation Number:

18470469

journey 1yr 4mos

& HVAC

§ 116.07 MASTER PLUMBER; LICENSE; APPLICATION; QUALIFICATIONS; PROOF.

Applicants for a master plumber's license must have had, in the first instance, at least three years actual experience as a licensed journeyman plumber, and shall present documentary proof thereof in the

2016 S-8

Journeyman
Plumber

limited SM

Daniel

ONLY



OFFICIAL RESULTS REPORT

G24 - Master Plumber



Name: johnny flood

Candidate ID: ICNON174766

Address: 1420 p street

Date: 8/23/2023

gering

NE 69341

EXAMINATION RESULT: **PASS**

Congratulations! You have passed the above-named examination. You will be able to verify your pass status on the ICC website within 48-72 business hours after your exam. **Please contact your participating jurisdiction if you wish to pursue licensing.**

A passing score on this examination satisfies the testing requirements for licensure only, and does not guarantee that licensing will be granted. The candidate must also satisfy all local ordinance requirements in each jurisdiction where licensing is desired.

It is extremely important that you notify Pearson VUE and ICC of any changes in name and/or address to avoid the possibility of future correspondence not being received. Please contact both Pearson VUE at 877-234-6082 and ICC at 888-422-7233 ext. 5524 with changes to your name and address.

ICC reserves the right to amend or withhold any examination scores if, in its sole opinion, there is adequate reason to question their validity.

*The authenticity of this score report can be validated by using Pearson VUE's Online Score Report Authentication found at:
www.PearsonVUE.com/authenticate*

Digital embossing eliminates the possibility of unauthorized embossing of counterfeit score reports.

Registration Number: **457043614**

Validation Number: **273816338**



Medical Gas
Training Institute

Johnny Flood

Cert. No.: 23-3766

Certifications:

ASSE 6040 Medical Gas Maintenance Personnel

Expires:

6-Nov-2026

City of Scottsbluff, Nebraska

KNOW YE BY THESE PRESENTS, THAT

Johnny Flood
IS HEREBY GRANTED LICENSE

as **MASTER PLUMBER**

FOR THE PERIOD ENDING APRIL 30, 2024

SIGNATURE OF LICENSEE

SCOTTSBLUFF CITY CLERK

DATE ISSUED 8-24-23 LICENSE NO 23-36

City of Scottsbluff, Nebraska

KNOW YE BY THESE PRESENTS, THAT

Johnny Flood

IS HEREBY GRANTED LICENSE

as **MASTER PLUMBER**

FOR THE PERIOD ENDING APRIL 30, 2024

SCOTTSBLUFF CITY CLERK

DATE ISSUED 8-24-23 LICENSE NO. 23-36

SIGNATURE OF LICENSEE

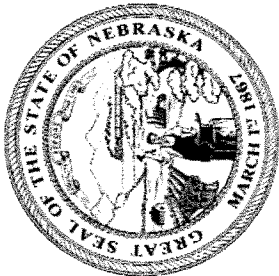
X

Be it known, that

Johnny M Flood

Has met the requirements for certification as required by the

Nebraska Private Onsite Wastewater Treatment System Contractors Certification and System Registration Act



and is hereby certified as an
Onsite Wastewater Treatment Systems Professional
in the categories listed herein

Installer Master

Certificate No. C2965

Issued: 03/27/2024

Expires: 12/31/2025

Interim Director,
Nebraska Department of Environment and Energy

Nebraska Department of Environment & Energy
Johnny M Flood
Is hereby licensed as an
Onsite Wastewater Treatment Systems Professional
in the following categories:

Installer Master
Certificate No. C2965
Issued: 03/27/2024 Expires: 12/31/2025

Nebraska Department of Environment & Energy
Onsite Wastewater Treatment Systems Unit
PO Box 98922
Lincoln, NE 68509-8922
402-471-2186 / 402-471-2909 (fax)

See <http://dee.ne.gov> for a list of certified professionals, registered systems, approved continuing education, forms and other useful information



3000 8

CITY OF GERING APPLICATION FOR LICENSE
(Incomplete applications will not be considered)

The undersigned hereby makes application for a license in accordance with Gering City Ordinances.

Please circle all that are being applied for: GF, WF, SM, MP, JP, AP,

Apprentice HVAC, Master HVAC, Journeyman HVAC.

Attach credentials, certifications, letters, affidavits and test results to application.

1. Camacho Ricardo M. Jr. 675 20th Street
Name (Last, First, Middle) Home Mailing Address

641-7276
Contact Phone Number

All star Service 200510 Rolling Hills Rd. 641-7276
Present employer's business name, phone number, address

2. EDUCATION:
College(s) or Trade School(s) attended:

N/A
Name and address of school Date graduated

Name and address of school Date graduated

3. EXPERIENCE RECORD:
Current and Former Employer's
Name and Addresses:

(Starting with the **most recent** first)

Position Held:
(Master, etc.)

Dates:
From-To

a. Scottsbluff Public Schools /
All star services

Journeyman Plumber

March 2021 - Present

b. Sunshine Holdings LLC

Journeyman Plumber

June 2016 - Jan. 2020

c. CST mechanical

Apprentice Plumber

April 2011 - May - 2016

List any other licenses held:
(Type: Master, Journeyman, Apprentice)

City Where
Issued

Date
Issued:

a. Journeyman Plumber

Scottsbluff

5-3-22

b. Journeyman Plumber

Gering

4-30-2020

4. PERSONAL REFERENCES:

Give names and COMPLETE addresses of at least three persons not related to you, who can vouch for the truthfulness of the above statements.

NAMES	ADDRESSES
<u>Randy Scott</u>	<u>424 E Woodfield Ave Mulvane KS 67110</u>
<u>Chris Trevino</u>	<u>1614 7th Ave SE NE</u>
<u>Lucre Palomo</u>	<u>1775 Kings Rd. Gering, NE 68341</u>

9-6-2022
Today's date


Applicant's Signature

In case of failure to pass test, applicant must resubmit in six months.

.....

FOR OFFICE USE ONLY

Name (Last, First, Middle) Home mailing address

Date license was applied for: _____

TEST(S) TAKEN AND DATE(S):

(a) PLUMBERS: _____ SCORE: _____ DATE: _____ TEST NO. _____

(b) GAS FITTERS: _____ SCORE: _____ DATE: _____ TEST NO. _____

(c) SHEET METAL: _____ SCORE: _____ DATE: _____ TEST NO. _____

Note: Indicate type of Plumbers test taken by circling **ONE** of the following:

MASTER PLUMBER'S TEST or JOURNEYMAN PLUMBER'S TEST

Date license was granted: _____

Name and address of Employer at the time license was granted: _____

APPROVED: _____

CODE ADMINISTRATOR



OFFICIAL RESULTS REPORT

G24 - Master Plumber



Name: Ricardo Camacho

Candidate ID: ICNON176530

Address: 675 20th Street

Date: 9/16/2022

Gering NE 69341

EXAMINATION RESULT: **PASS**

Congratulations! You have passed the above-named examination. You will be able to verify your pass status on the ICC website within 48-72 business hours after your exam. **Please contact your participating jurisdiction if you wish to pursue licensing.**

A passing score on this examination satisfies the testing requirements for licensure only, and does not guarantee that licensing will be granted. The candidate must also satisfy all local ordinance requirements in each jurisdiction where licensing is desired.

It is extremely important that you notify Pearson VUE and ICC of any changes in name and/or address to avoid the possibility of future correspondence not being received. Please contact both Pearson VUE at 877-234-6082 and ICC at 888-422-7233 ext. 5524 with changes to your name and address.

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The authenticity of this score report can be validated by using Pearson VUE's Online Score Report Authentication found at:

www.PearsonVUE.com/authenticate

Digital embossing eliminates the possibility of unauthorized embossing of counterfeit score reports.

Registration Number: **429548474**

Validation Number: **543239109**

CITY OF GERING APPLICATION FOR LICENSE
(Incomplete applications will not be considered)

The undersigned hereby makes application for a license in accordance with Gering City Ordinances.

Please **circle all** that are being applied for: **GF, WF, SM, MP, JP, AP,**

Apprentice HVAC, Master HVAC, Journeyman HVAC.

Attach credentials, certifications, letters, affidavits and test results to application.

1. Camacho Ricardo M. (Jr) 675 20th Street
Name (Last, First, Middle) Home Mailing Address

641-7276
Contact Phone Number

I+C Air Solutions
Present employer's business name, phone number, address

2. EDUCATION:
College(s) or Trade School(s) attended:
Gering High School 2006
Name and address of school Date graduated

Name and address of school Date graduated

3. EXPERIENCE RECORD:
Current and Former Employer's
Name and Addresses: Position Held: Dates:
(Starting with the **most recent** first) (Master, etc.) From-To

a. Grace Industries Master Plumber 2023-2025

b. Scottsbluff Schools Master Plumber 2021-2023

c. _____

List any other licenses held:
(Type: Master, Journeyman, Apprentice)

City Where
Issued

Date
Issued:

a. Master Plumber Scottsbluff 64-25

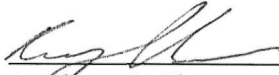
b. _____

4. PERSONAL REFERENCES:

Give names and COMPLETE addresses of at least three persons not related to you, who can vouch for the truthfulness of the above statements.

NAMES	ADDRESSES
_____	_____
_____	_____
_____	_____

5-27-25
Today's date


Applicant's Signature

In case of failure to pass test, applicant must resubmit in six months.

.....

FOR OFFICE USE ONLY

Name (Last, First, Middle) Home mailing address

Date license was applied for: _____

TEST(S) TAKEN AND DATE(S):

(a) PLUMBERS: _____ SCORE: _____ DATE: _____ TEST NO. _____

(b) GAS FITTERS: _____ SCORE: _____ DATE: _____ TEST NO. _____

(c) SHEET METAL: _____ SCORE: _____ DATE: _____ TEST NO. _____

Note: Indicate type of Plumbers test taken by circling **ONE** of the following:

MASTER PLUMBER'S TEST or JOURNEYMAN PLUMBER'S TEST

Date license was granted: _____

Name and address of Employer at the time license was granted: _____

APPROVED: _____
CODE ADMINISTRATOR

City of Scottsbluff, Nebraska

KNOW YE BY THESE PRESENTS, THAT

Rick Camacho Jr

IS HEREBY GRANTED LICENSE

"Ricardo"

as **MASTER PLUMBER**

FOR THE PERIOD ENDING APRIL 30, 2024

SCOTTSBLUFF CITY CLERK

DATE ISSUED 6-9-23 LICENSE NO. 23-33

SIGNATURE OF LICENSEE

Certificate No.: 861156544810

RICKY CAMACHO

has successfully passed a

UNIVERSAL

exam on how to responsibly handle
refrigerants as required by EPA's
National Recycling and Emission
Reduction Program

RECEIVED APR 16 2024



ESCO institute

Program EPA
Approved
December 28, 1993

www.escogroup.org • (800) 726-6666

City of Gering, Nebraska

KNOW YE BY THESE PRESENTS, THAT

RICARDO M. CAMACHO JR.

IS HEREBY GRANTED LICENSE

as **MASTER PLUMBER**



FOR THE PERIOD ENDING APRIL 30, 2026

GERING CITY CLERK

DATE ISSUED **05-01-2025**

LICENSE NO. **T&C MP-01**



CITY OF GERING APPLICATION FOR PLUMBING LICENSE

(Incomplete applications will not be considered)

The undersigned hereby makes application for a license in accordance with Ordinance No. 2156, Chapter 116: Plumbing Contractors.

Please check all that are being applied for:

- ☐ Master Plumber ☐ Water Fitter
☒ Journeyman Plumber ☐ Gas Fitter Endorsement
☐ Apprentice Plumber

Attach credentials, certifications, letters, affidavits and test results to application.

1. Wilson, John W 240416 Karubos Rd
Applicant Name (Last, First, Middle Initial) Applicant Address (Street)
Scottsbluff, NE 69361
Applicant (City, State, Zip)

jwkarakar@hotmail.com 308-672-6189
Applicant Email Address Applicant Phone Number

Current Employer's Business Name and Address: Independent P+H
1921 Broadway S
Current employer's Phone Number: 308-632-4185

2. EDUCATION - College(s) or Trade School(s) attended:

Name of School	Program Completed	Date graduated
School Address (City/State)		

Name of School	Program Completed	Date graduated
School Address (City/State)		

3. EXPERIENCE RECORD - Current and Former Employer's

NOTE: Letters or affidavits from employers must be attached.

Name and Addresses: (Starting with the most recent first)	Position Held: (Master, etc.)	Dates: (From - To)
a. <u>Independent</u> <u>P+H</u>	<u>Tech</u>	<u>07 - present</u>
b. _____	_____	_____
c. _____	_____	_____

List any other licenses held:
(i.e., Master, Journeyman, Apprentice)

City Where Issued:

Date Issued:

a. Journeyman

Scb

b. _____

4. PERSONAL REFERENCES:

Please provide the names, email addresses, and phone numbers of at least three individuals who are not related to you and are not employed by your current employer, who can verify the accuracy of the information provided above.

Name:

Email Address:

Contact Number:

a. _____

b. _____

c. _____

Applicant's Signature

Date

.....
FOR OFFICE USE ONLY

License Number: _____

Date License was Granted: _____

Date Paid: _____

☐ Cash ☐ Check # _____ ☐ Credit Card

Receipt Number: _____



OFFICIAL RESULTS REPORT

G28 - Journeyman Plumber with Gas



Name: John Wilson Candidate ID: ICNON140301
Address: 1921 Broadway Date: 5/26/2022

Scottsbluff NE 69361

EXAMINATION RESULT: **PASS**

Congratulations! You have passed the above-named examination. You will be able to verify your pass status on the ICC website within 48-72 business hours after your exam. **Please contact your participating jurisdiction if you wish to pursue licensing.**

A passing score on this examination satisfies the testing requirements for licensure only, and does not guarantee that licensing will be granted. The candidate must also satisfy all local ordinance requirements in each jurisdiction where licensing is desired.

It is extremely important that you notify Pearson VUE and ICC of any changes in name and/or address to avoid the possibility of future correspondence not being received. Please contact both Pearson VUE at 877-234-6082 and ICC at 888-422-7233 ext. 5524 with changes to your name and address.

ICC reserves the right to amend or withhold any examination scores if, in its sole opinion, there is adequate reason to question their validity.

*The authenticity of this score report can be validated by using Pearson VUE's Online Score Report Authentication found at:
www.PearsonVUE.com/authenticate
Digital embossing eliminates the possibility of unauthorized embossing of counterfeit score reports.*

Registration Number: 419904624

Validation Number: 9676606



CITY OF GERING APPLICATION FOR MECHANICAL LICENSE

(Incomplete applications will not be considered)

The undersigned hereby makes application for a license in accordance with Ordinance No. 2157, Chapter 119: Mechanical Contractors.

Please **check all** that are being applied for:

☒ Master Mechanical

☐ Apprentice Mechanical

☐ Journeyman Mechanical

☒ Gas Fitter

Attach credentials, certifications, letters, affidavits and test results to application.

1. Wilson, John, W
Applicant Name (Last, First, Middle Initial)

240416 Karubos Rd
Applicant Address (Street)

Scottsbluff, NE 69361
Applicant (City, State, Zip)

jwkayakargo@hotmail.com
Applicant Email Address

308-672-6189
Applicant Phone Number

Current Employer's Business Name and Address:

Independent Plumbing
1921 Broadway Sdb

Current employer's Phone Number:

308-632-4185

2. EDUCATION - College(s) or Trade School(s) attended:

Name of School

School Address (City/State)

Program Completed

Date graduated

Name of School

School Address (City/State)

Program Completed

Date graduated

3. EXPERIENCE RECORD - Current and Former Employer's

NOTE: Letters or affidavits from employers must be attached.

Name and Addresses:
(Starting with the **most recent** first)

Position Held:
(Master, etc.)

Dates:
(From - To)

a. Independent
P&H

Tech

07 - present

b. _____

c. _____

List any other licenses held:
(i.e., Master, Journeyman, Apprentice)

City Where Issued:

Date Issued:

a. Master

Scottsbluff

b. _____

4. PERSONAL REFERENCES:

Please provide the names, email addresses, and phone numbers of at least three individuals who are not related to you and are not employed by your current employer, who can verify the accuracy of the information provided above.

Name:

Email Address:

Contact Number:

a. _____

b. _____

c. _____

Applicant's Signature

Date

.....

FOR OFFICE USE ONLY

License Number: _____

Date License was Granted: _____

Date Paid: _____

☐ Cash ☐ Check # _____ ☐ Credit Card

Receipt Number: _____

SIGNATURE OF LICENSEE

City of Gering, Nebraska

KNOW YE BY THESE PRESENTS, THAT

JOHN WILSON

IS HEREBY GRANTED LICENSE

as **JOURNEYMAN PLUMBER**

FOR THE PERIOD ENDING APRIL 30, 2026



GERING CITY CLERK

DATE ISSUED **05-01-2025**

LICENSE NO. **IP JP-01**

SIGNATURE OF LICENSEE

City of Gering, Nebraska

KNOW YE BY THESE PRESENTS, THAT

JOHN WILSON

IS HEREBY GRANTED LICENSE

as **MASTER MECHANICAL**

FOR THE PERIOD ENDING APRIL 30, 2026



GERING CITY CLERK

DATE ISSUED **05-01-2025**

LICENSE NO. **IP MM-01**

CITY OF GERING APPLICATION FOR LICENSE
(Incomplete applications will not be considered)

The undersigned hereby makes application for a license in accordance with Gering City Ordinances.

Please **circle all** that are being applied for: GF, WF, SM, MP, JP, AP,
Apprentice HVAC, **Master HVAC**, **Journeyman HVAC**.

Attach credentials, certifications, letters, affidavits and test results to application.

1. Beebe, Matthew, Allan 2304 Ave F, Scottsbluff, NE 69361
Name (Last, First, Middle) Home Mailing Address

308-672-3514
Contact Phone Number

Matty B's HVAC (owner)
Present employer's business name, phone number, address

2. **EDUCATION:**
College(s) or Trade School(s) attended:

Name and address of school

Date graduated

Name and address of school

Date graduated

3. **EXPERIENCE RECORD:**

Current and Former Employer's

Name and Addresses:

(Starting with the **most recent** first)

Position Held:

(Master, etc.)

Dates:

From-To

a. Matty B's HVAC
2304 Ave F, Seb

Master/owner 12/2024 - Present

b. Big Mack HVAC
2905 12th St. Gering

Journeyman/
Service Manager 01/12 - 11/24

c. GVP

Journeyman ~ 01/11 - 01/12

List any other licenses held:

(Type: Master, Journeyman, Apprentice)

City Where

Issued

Date

issued:

a. Journeyman

WYOMING

2006 (ish)

b. _____

4. PERSONAL REFERENCES:

Give names and COMPLETE addresses of at least three persons not related to you, who can vouch for the truthfulness of the above statements.

NAMES
Jeff Vance
Joe Bracken
Greg Gron

ADDRESSES
385 D St. Gering, NE
2209 DG Blvd dr. Sclb, NE
3022 AEE. Sclb, NE

12-17-2024
Today's date

[Signature]
Applicant's Signature

In case of failure to pass test, applicant must resubmit in six months.

.....
FOR OFFICE USE ONLY

Name (Last, First, Middle)

Home mailing address

Date license was applied for: _____

TEST(S) TAKEN AND DATE(S):

(a) PLUMBERS: _____ SCORE: _____ DATE: _____ TEST NO. _____

(b) GAS FITTERS: _____ SCORE: _____ DATE: _____ TEST NO. _____

(c) SHEET METAL: _____ SCORE: _____ DATE: _____ TEST NO. _____

Note: Indicate type of Plumbers test taken by circling **ONE** of the following:

MASTER PLUMBER'S TEST or JOURNEYMAN PLUMBER'S TEST

Date license was granted: _____

Name and address of Employer at the time license was granted: _____

APPROVED: _____
CODE ADMINISTRATOR



OFFICIAL RESULTS REPORT

F29 - National Standard Master Mechanical



Name: Mathew A Beebe
Address: 2304 Avenue F
Scottsbluff, NE 69361

Candidate ID: ICNON206689
Date: 12/14/2024

EXAMINATION RESULT: **PASS**

Congratulations! You have passed this examination.

Next Steps: Contact your jurisdiction to check what other local requirements you may need to obtain your license. A passing score on this examination satisfies the testing requirements for licensure only and does not guarantee that licensing will be granted.

Need to update your name or address on file? Your ICC email address is the Pearson VUE email address used to register for this ICC Contractor/Trades examination. Login to your myICC account to update your candidate demographic information (Address, Phone Number, Email, and Legal Name). Visit support.iccsafe.org and search *Demographics* for a step-by-step guide.

If you are unable to access your myICC account, please contact ICC at 1-888-422-7233 ext. 5524 or via email at customersuccess@iccsafe.org.

Need a duplicate result letter? Login to your online Pearson VUE account to obtain a duplicate copy of your score report.

The Code Council reserves the right to amend or withhold any examination scores if, in its sole opinion, there is adequate reason to question their validity.

The authenticity of this score report can be validated by using Pearson VUE's Online Score Report Authentication found at: <http://www.pearsonvue.com/authenticate>
Registration Number: 493183253 Validation Number: 713788978

SIGNATURE OF LICENSEE

City of Gering, Nebraska

KNOW YE BY THESE PRESENTS, THAT

MAT BEEBE

IS HEREBY GRANTED LICENSE

as **MASTER MECHANICAL**

FOR THE PERIOD ENDING APRIL 30, 2026



GERING CITY CLERK

DATE ISSUED **05-01-2025**

LICENSE NO. **MB'S MM-01**

CITY OF GERING APPLICATION FOR LICENSE
(Incomplete applications will not be considered)

The undersigned hereby makes application for a license in accordance with Gering City Ordinances.

Please **circle all** that are being applied for: **GF, WF, SM, MP, JP, AP, HVAC.**

Attach credentials, certifications, letters, affidavits and test results to application.

1. Frauendienst, Zeb, T _____
Name (Last, First, Middle) Home Mailing Address

Contact Phone Number

Pipe Works Plumbing, 308-641-0481, 710 Broadway, Seb
Present employer's business name, phone number, address

2. EDUCATION:
College(s) or Trade School(s) attended:

Name and address of school Date graduated

Name and address of school Date graduated

3. EXPERIENCE RECORD:

Current and Former Employer's

Name and Addresses:

(Starting with the **most recent** first)

Position Held:

(Master, etc.)

Dates:

From-To

a. Pipe Works Plumbing Apprentice plumber 6/12/23 - current

b. _____

c. _____

List any other licenses held:
(Type: Master, Journeyman, Apprentice)

City Where
Issued

Date
Issued:

a. _____

b. _____

4. PERSONAL REFERENCES:

Give names and COMPLETE addresses of at least three persons not related to you, who can vouch for the truthfulness of the above statements.

NAMES	ADDRESSES
_____	_____
_____	_____
_____	_____

3-25-24

Today's date



Applicant's Signature

In case of failure to pass test, applicant must resubmit in six months.

.....

FOR OFFICE USE ONLY

Name (Last, First, Middle)

Home mailing address

Date license was applied for: _____

TEST(S) TAKEN AND DATE(S):

(a) PLUMBERS: _____ SCORE: _____ DATE: _____ TEST NO. _____

(b) GAS FITTERS: _____ SCORE: _____ DATE: _____ TEST NO. _____

(c) SHEET METAL: _____ SCORE: _____ DATE: _____ TEST NO. _____

Note: Indicate type of Plumbers test taken by circling **ONE** of the following:

MASTER PLUMBER'S TEST or JOURNEYMAN PLUMBER'S TEST

Date license was granted: _____

Name and address of Employer at the time license was granted: _____

APPROVED: _____

CODE ADMINISTRATOR

CITY OF GERING APPLICATION FOR LICENSE
(Incomplete applications will not be considered)

The undersigned hereby makes application for a license in accordance with Gering City Ordinances.

Please **circle all** that are being applied for: **GF, WF, SM, MP, JP, AP, HVAC.**
Attach credentials, certifications, letters, affidavits and test results to application.

1. Erauendienst, Zeb, T _____
Name (Last, First, Middle) Home Mailing Address

308-641-0481 _____
Contact Phone Number

Pipe Works Plumbing, LLC _____
Present employer's business name, phone number, address

2. EDUCATION:
College(s) or Trade School(s) attended:

Name and address of school Date graduated

Name and address of school Date graduated

3. EXPERIENCE RECORD:
Current and Former Employer's
Name and Addresses:
(Starting with the **most recent** first)

Position Held:
(Master, etc.)

Dates:
From-To

a. _____

b. _____

c. _____

List any other licenses held:
(Type: Master, Journeyman, Apprentice)

City Where
Issued

Date
Issued:

a. Apprentice _____

b. _____

4. PERSONAL REFERENCES:

Give names and COMPLETE addresses of at least three persons not related to you, who can vouch for the truthfulness of the above statements.

NAMES	ADDRESSES
_____	_____
_____	_____
_____	_____

9-23-24 [Signature]
Today's date Applicant's Signature

In case of failure to pass test, applicant must resubmit in six months.

.....

FOR OFFICE USE ONLY

Name (Last, First, Middle) Home mailing address

Date license was applied for: _____

TEST(S) TAKEN AND DATE(S):

(a) PLUMBERS: _____ SCORE: _____ DATE: _____ TEST NO. _____

(b) GAS FITTERS: _____ SCORE: _____ DATE: _____ TEST NO. _____

(c) SHEET METAL: _____ SCORE: _____ DATE: _____ TEST NO. _____

Note: Indicate type of Plumbers test taken by circling **ONE** of the following:

MASTER PLUMBER'S TEST or JOURNEYMAN PLUMBER'S TEST

Date license was granted: _____

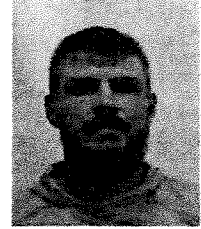
Name and address of Employer at the time license was granted: _____

APPROVED: _____
CODE ADMINISTRATOR



OFFICIAL RESULTS REPORT

G28 - Journeyman Plumber with Gas



Name: Zeb T Frauendienst
Address: 710 Broadway
Scottsbluff, NE 69361

Candidate ID: ICNON204233
Date: 09/18/2024

EXAMINATION RESULT: **PASS**

Congratulations! You have passed this examination.

Here are the next steps to achieving your license:

1. Verify your exam's pass status on the International Code Council website after your exam at <http://preauthorization.iccsafe.org> (available within 48-72 business hours)
2. Contact your jurisdiction to check what other local requirements you may need to obtain your license
 - A passing score on this examination satisfies the testing requirements for licensure only and does not guarantee that licensing will be granted.

Need to update your name or address on file? Contact us! We want to make sure you're up-to-date with any information about your exam from both Pearson VUE and the Code Council.

Contact Pearson VUE at 877-234-6082. Call or email us at the International Code Council at 888-422-7233 ext. 5524 or customersuccess@iccsafe.org.

The Code Council reserves the right to amend or withhold any examination scores if, in its sole opinion, there is adequate reason to question their validity.

The authenticity of this score report can be validated by using Pearson VUE's Online Score Report Authentication found at:
<http://www.pearsonvue.com/authenticate>
Registration Number: **486600779** Validation Number: **587132986**

City of Gering, Nebraska

KNOW YE BY THESE PRESENTS, THAT

ZEB FRAUENDIENST

IS HEREBY GRANTED LICENSE

as **JOURNEYMAN PLUMBER**

FOR THE PERIOD ENDING APRIL 30, 2026



GERING CITY CLERK

LICENSE NO. **PW JP-03**

DATE ISSUED **05-01-2025**

Rec. 1-27-21

A-51

CITY OF GERING APPLICATION FOR LICENSE
(Incomplete applications will not be considered)

The undersigned hereby makes application for a license in accordance with Gering City Ordinances.

Please **circle all** that are being applied for: **GF, WF, SM, MP, JP, AP, HVAC.**

Attach credentials, certifications, letters, affidavits and test results to application.

1. Sauer Adam Jacob 8 PO Box 354 Gering
 Name (Last, First, Middle) Home Mailing Address

308-637-1174
 Contact Phone Number

Pipeworks Plumbing LLC 710 Broadway 308-441-0451
 Present employer's business name, phone number, address

2. EDUCATION:
 College(s) or Trade School(s) attended:

 Name and address of school Date graduated

 Name and address of school Date graduated

3. EXPERIENCE RECORD:

Current and Former Employer's

Name and Addresses:

(Starting with the **most recent** first)

Position Held:

(Master, etc.)

Dates:

From-To

a. Pipeworks Plumbing LLC Apprentice July 6th 2020 - present
710 Broadway, P.O. Box 354 Plumber

b. _____

c. _____

List any other licenses held:

(Type: Master, Journeyman, Apprentice)

City Where

Issued

Date

Issued:

a. _____

b. _____

4. PERSONAL REFERENCES:

Give names and COMPLETE addresses of at least three persons not related to you, who can vouch for the truthfulness of the above statements.

NAMES	ADDRESSES
<u>Levi Reinhardt</u>	<u>170094 CR T Gering, NE.</u>
<u>Jeff Vance</u>	<u>385 D Street Gering, NE</u>
_____	_____

01/27/2021
Today's date

Volant Savell
Applicant's Signature

In case of failure to pass test, applicant must resubmit in six months.

.....

FOR OFFICE USE ONLY

Name (Last, First, Middle)

Home mailing address

Date license was applied for: _____

TEST(S) TAKEN AND DATE(S):

(a) PLUMBERS: _____ SCORE: _____ DATE: _____ TEST NO. _____

(b) GAS FITTERS: _____ SCORE: _____ DATE: _____ TEST NO. _____

(c) SHEET METAL: _____ SCORE: _____ DATE: _____ TEST NO. _____

Note: Indicate type of Plumbers test taken by circling **ONE** of the following:

MASTER PLUMBER'S TEST or JOURNEYMAN PLUMBER'S TEST

Date license was granted: _____

Name and address of Employer at the time license was granted: _____

APPROVED: _____

CODE ADMINISTRATOR

CITY OF GERING APPLICATION FOR LICENSE
(Incomplete applications will not be considered)

The undersigned hereby makes application for a license in accordance with Gering City Ordinances.

Please **circle all** that are being applied for: GF, WF, SM, MP, **JP**, AP, HVAC.
Attach credentials, certifications, letters, affidavits and test results to application.

1. Sauer, Adam, J
Name (Last, First, Middle) Home Mailing Address

308-641-0481
Contact Phone Number

Pipe Works Plumbing, LLC
Present employer's business name, phone number, address

2. EDUCATION:
College(s) or Trade School(s) attended:

Name and address of school Date graduated

Name and address of school Date graduated

3. EXPERIENCE RECORD:
Current and Former Employer's
Name and Addresses:
(Starting with the **most recent** first)

Position Held:
(Master, etc.)

Dates:
From-To

a. _____

b. _____

c. _____

List any other licenses held:
(Type: Master, Journeyman, Apprentice)

City Where
Issued

Date
Issued:

a. Apprentice

b. Backflow Grade 6

4. PERSONAL REFERENCES:

Give names and COMPLETE addresses of at least three persons not related to you, who can vouch for the truthfulness of the above statements.

NAMES	ADDRESSES
_____	_____
_____	_____
_____	_____

Today's date

Wadsworth
Applicant's Signature

In case of failure to pass test, applicant must resubmit in six months.

.....
FOR OFFICE USE ONLY

Name (Last, First, Middle)

Home mailing address

Date license was applied for: _____

TEST(S) TAKEN AND DATE(S):

(a) PLUMBERS: _____ SCORE: _____ DATE: _____ TEST NO. _____

(b) GAS FITTERS: _____ SCORE: _____ DATE: _____ TEST NO. _____

(c) SHEET METAL: _____ SCORE: _____ DATE: _____ TEST NO. _____

Note: Indicate type of Plumbers test taken by circling **ONE** of the following:

MASTER PLUMBER'S TEST or JOURNEYMAN PLUMBER'S TEST

Date license was granted: _____

Name and address of Employer at the time license was granted: _____

APPROVED: _____

CODE ADMINISTRATOR



OFFICIAL RESULTS REPORT

G28 - Journeyman Plumber with Gas



Name: Adam J Sauer
Address: 2130 Pacific Blvd.
Gering, NE 69341

Candidate ID: ICNON194436
Date: 09/18/2024

EXAMINATION RESULT: **PASS**

Congratulations! You have passed this examination.

Here are the next steps to achieving your license:

1. Verify your exam's pass status on the International Code Council website after your exam at <http://preauthorization.iccsafe.org> (available within 48-72 business hours)
2. Contact your jurisdiction to check what other local requirements you may need to obtain your license
 - A passing score on this examination satisfies the testing requirements for licensure only and does not guarantee that licensing will be granted.

Need to update your name or address on file? Contact us! We want to make sure you're up-to-date with any information about your exam from both Pearson VUE and the Code Council.

Contact Pearson VUE at 877-234-6082. Call or email us at the International Code Council at 888-422-7233 ext. 5524 or customersuccess@iccsafe.org.

The Code Council reserves the right to amend or withhold any examination scores if, in its sole opinion, there is adequate reason to question their validity.

The authenticity of this score report can be validated by using Pearson VUE's Online Score Report Authentication found at:

*<http://www.pearsonvue.com/authenticate>
Registration Number: 486099706 Validation Number: 437493539*

City of Gering, Nebraska

KNOW YE BY THESE PRESENTS, THAT

ADAM SAUER

IS HEREBY GRANTED LICENSE

as **JOURNEYMAN PLUMBER**

FOR THE PERIOD ENDING APRIL 30, 2026



GERING CITY CLERK
LICENSE NO. PW JP-01

DATE ISSUED **05-01-2025**

Rec. 1.27.21

CITY OF GERING APPLICATION FOR LICENSE
(Incomplete applications will not be considered)

Pipeworks
A-49

The undersigned hereby makes application for a license in accordance with Gering City Ordinances.

Please **circle all** that are being applied for: **GF, WF, SM, MP, JP, AP, HVAC.**

Attach credentials, certifications, letters, affidavits and test results to application.

1. Bowland, Matthew, Nile 12752 Rd 84, Broadwater, NE
 Name (Last, First, Middle) Home Mailing Address
69125
970-630-6029
 Contact Phone Number
Pipeworks Plumbing, 308, 641, 0481, 710 Broadway, Scottsbluff
 Present employer's business name, phone number, address NE 69361

2. EDUCATION:
 College(s) or Trade School(s) attended:
North Eastern junior College December 2013
 Name and address of school Date graduated
 Name and address of school Date graduated

3. EXPERIENCE RECORD:
 Current and Former Employer's
 Name and Addresses: Position Held: Dates:
 (Starting with the **most recent** first) (Master, etc.) From-To

a. <u>Pipeworks Plumbing</u> <u>710 Broadway, Scottsbluff, NE</u> <u>69361</u>	<u>Apprentice</u> <u>Plumber</u>	<u>Aug 26th 2020 - current</u>
b. _____	_____	_____
c. _____	_____	_____

List any other licenses held: (Type: Master, Journeyman, Apprentice)	City Where Issued	Date Issued:
a. _____	_____	_____
b. _____	_____	_____

4. PERSONAL REFERENCES:

Give names and COMPLETE addresses of at least three persons not related to you, who can vouch for the truthfulness of the above statements.

NAMES	ADDRESSES
<u>Levi Heinmuth</u>	<u>710 Broadway, Scottsbluff, NE 69861</u>
<u>Kelley Colver</u>	<u>825 Rundell Road, Gering, NE 69341</u>
_____	_____

1/27/21
Today's date

[Signature]
Applicant's Signature

In case of failure to pass test, applicant must resubmit in six months.

.....

FOR OFFICE USE ONLY

Name (Last, First, Middle)

Home mailing address

Date license was applied for: _____

TEST(S) TAKEN AND DATE(S):

(a) PLUMBERS: _____ SCORE: _____ DATE: _____ TEST NO. _____

(b) GAS FITTERS: _____ SCORE: _____ DATE: _____ TEST NO. _____

(c) SHEET METAL: _____ SCORE: _____ DATE: _____ TEST NO. _____

Note: Indicate type of Plumbers test taken by circling **ONE** of the following:

MASTER PLUMBER'S TEST or JOURNEYMAN PLUMBER'S TEST

Date license was granted: _____

Name and address of Employer at the time license was granted: _____

APPROVED: _____
CODE ADMINISTRATOR

CITY OF GERING APPLICATION FOR LICENSE
(Incomplete applications will not be considered)

The undersigned hereby makes application for a license in accordance with Gering City Ordinances.

Please **circle all** that are being applied for: **GF, WF, SM, MP, JP, AP, HVAC.**
Attach credentials, certifications, letters, affidavits and test results to application.

1. Bowland, Matthew, N
Name (Last, First, Middle) _____ Home Mailing Address _____
308-641-0481
Contact Phone Number _____
Pipe Works, Plumbing, LLC
Present employer's business name, phone number, address _____

2. **EDUCATION:**
College(s) or Trade School(s) attended:

Name and address of school _____ Date graduated _____

Name and address of school _____ Date graduated _____

3. **EXPERIENCE RECORD:**
Current and Former Employer's
Name and Addresses:
(Starting with the **most recent** first)

	Position Held: (Master, etc.)	Dates: From-To
a. _____ _____	_____ _____	_____ _____
b. _____ _____	_____ _____	_____ _____
c. _____ _____	_____ _____	_____ _____

List any other licenses held:
(Type: Master, Journeyman, Apprentice)

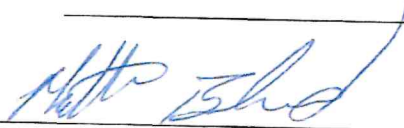
	City Where Issued	Date Issued:
a. <u>Apprentice</u>	_____ _____	_____ _____
b. _____	_____ _____	_____ _____

4. PERSONAL REFERENCES:

Give names and COMPLETE addresses of at least three persons not related to you, who can vouch for the truthfulness of the above statements.

NAMES	ADDRESSES
_____	_____
_____	_____
_____	_____

Today's date



Applicant's Signature

In case of failure to pass test, applicant must resubmit in six months.

.....
FOR OFFICE USE ONLY

Name (Last, First, Middle)

Home mailing address

Date license was applied for: _____

TEST(S) TAKEN AND DATE(S):

(a) PLUMBERS: _____ SCORE: _____ DATE: _____ TEST NO. _____

(b) GAS FITTERS: _____ SCORE: _____ DATE: _____ TEST NO. _____

(c) SHEET METAL: _____ SCORE: _____ DATE: _____ TEST NO. _____

Note: Indicate type of Plumbers test taken by circling **ONE** of the following:

MASTER PLUMBER'S TEST or JOURNEYMAN PLUMBER'S TEST

Date license was granted: _____

Name and address of Employer at the time license was granted: _____

APPROVED: _____
CODE ADMINISTRATOR



OFFICIAL RESULTS REPORT

G28 - Journeyman Plumber with Gas



Name: Matthew N Bowland
Address: 1000 5th street
Gering, NE 69341

Candidate ID: ICNON204039
Date: 09/18/2024

EXAMINATION RESULT: **PASS**

Congratulations! You have passed this examination.

Here are the next steps to achieving your license:

1. Verify your exam's pass status on the International Code Council website after your exam at <http://preauthorization.iccsafe.org> (available within 48-72 business hours)
2. Contact your jurisdiction to check what other local requirements you may need to obtain your license
 - A passing score on this examination satisfies the testing requirements for licensure only and does not guarantee that licensing will be granted.

Need to update your name or address on file? Contact us! We want to make sure you're up-to-date with any information about your exam from both Pearson VUE and the Code Council.

Contact Pearson VUE at 877-234-6082. Call or email us at the International Code Council at 888-422-7233 ext. 5524 or customersuccess@iccsafe.org.

The Code Council reserves the right to amend or withhold any examination scores if, in its sole opinion, there is adequate reason to question their validity.

The authenticity of this score report can be validated by using Pearson VUE's Online Score Report Authentication found at:

*<http://www.pearsonvue.com/authenticate>
Registration Number: 486598841 Validation Number: 151431633*

City of Gering, Nebraska

KNOW YE BY THESE PRESENTS, THAT

MATTHEW BOWLAND

IS HEREBY GRANTED LICENSE

as **JOURNEYMAN PLUMBER**

FOR THE PERIOD ENDING APRIL 30, 2026



GERING CITY CLERK

LICENSE NO. PW JP-02

DATE ISSUED **05-01-2025**



CITY OF GERING APPLICATION FOR LICENSE
(Incomplete applications will not be considered)

The undersigned hereby makes application for a license in accordance with Gering City Ordinances.

Please circle all that are being applied for: GF, WF, SM, MP, JP, AP,

Apprentice HVAC, Master HVAC, Journeyman HVAC.

Attach credentials, certifications, letters, affidavits and test results to application.

1. Thompson, Matthew, John 30036 County Rd. D.
Name (Last, First, Middle) Home Mailing Address
970 - 556 - 8142 Morril, NE, 69358
Contact Phone Number

Pipe Works Plumbing, LLC - 308-641-0481 - 710 Broadway Seattlsbluff NE
Present employer's business name, phone number, address 69361

2. EDUCATION:
College(s) or Trade School(s) attended:

Name and address of school	Date graduated
Name and address of school	Date graduated

3. EXPERIENCE RECORD:

Current and Former Employer's

Name and Addresses:

(Starting with the **most recent** first)

Position Held:
(Master, etc.)

Dates:
From-To

- | | | |
|---|-------------------|-----------------------------|
| a. <u>Brent Wright</u> | <u>Journeyman</u> | <u>Nov. 19' - Oct 21'</u> |
| <u>4217 E. Vike Dr. Fort Collins, CO</u> | | |
| b. <u>Dustin Moenoy</u> | <u>Apprentice</u> | <u>Dec. 18' - Oct 19'</u> |
| <u>10050 Coyote Rd Dr. Germantown, CO</u> | | |
| c. <u>Brent Wright</u> | <u>Apprentice</u> | <u>June 15' - Sept. 17'</u> |
| <u>4217 E. Vike Dr.</u> | | |

List any other licenses held:
(Type: Master, Journeyman, Apprentice)

City Where
Issued

Date
Issued:

- | | | |
|-------------------------------------|---------------------|------------------|
| a. <u>Journeyman Plumbing w/gas</u> | <u>Cheyenne, WY</u> | <u>3/29/2021</u> |
| b. <u>Journeyman Plumbing</u> | <u>Colorado</u> | <u>4/29/2021</u> |

4. PERSONAL REFERENCES:

Give names and COMPLETE addresses of at least three persons not related to you, who can vouch for the truthfulness of the above statements.

NAMES	ADDRESSES
<u>Andrew Flores</u>	<u>970-699-8013</u>
<u>Andy Flores</u>	<u>970-581-8791</u>
<u>Branlon Schleppy</u>	<u>970-227-5495</u>

10/4/21
Today's date

Mattie Thompson
Applicant's Signature

In case of failure to pass test, applicant must resubmit in six months.

.....
FOR OFFICE USE ONLY

Name (Last, First, Middle)

Home mailing address

Date license was applied for: _____

TEST(S) TAKEN AND DATE(S):

(a) PLUMBERS: _____ SCORE: _____ DATE: _____ TEST NO. _____

(b) GAS FITTERS: _____ SCORE: _____ DATE: _____ TEST NO. _____

(c) SHEET METAL: _____ SCORE: _____ DATE: _____ TEST NO. _____

Note: Indicate type of Plumbers test taken by circling **ONE** of the following:

MASTER PLUMBER'S TEST or JOURNEYMAN PLUMBER'S TEST

Date license was granted: _____

Name and address of Employer at the time license was granted: _____

APPROVED: _____
CODE ADMINISTRATOR



OFFICIAL RESULTS REPORT

F25 - National Standard Journeyman
Plumber



Name: Matthew Thompson

Candidate ID: ICNON165344

Address: po box 215

Date: 3/4/2021

ault CO 80610

EXAMINATION RESULT: **PASS**

Congratulations! You have passed the above-named examination. You will be able to verify your pass status on the ICC website within 48-72 business hours after your exam. **Please contact your participating jurisdiction if you wish to pursue licensing.**

A passing score on this examination satisfies the testing requirements for licensure only, and does not guarantee that licensing will be granted. The candidate must also satisfy all local ordinance requirements in each jurisdiction where licensing is desired.

It is extremely important that you notify Pearson VUE and ICC of any changes in name and/or address to avoid the possibility of future correspondence not being received. Please contact both Pearson VUE at 877-234-6082 and ICC at 888-422-7233 ext. 5524 with changes to your name and address.

ICC reserves the right to amend or withhold any examination scores if, in its sole opinion, there is adequate reason to question their validity.

*The authenticity of this score report can be validated by using Pearson VUE's Online Score Report Authentication found at:
www.PearsonVUE.com/authenticate
Digital embossing eliminates the possibility of unauthorized embossing of counterfeit score reports.*

Registration Number: 388902135

Validation Number: 153544803



BUILDING SAFETY DEPARTMENT
2101 O'Neil Avenue Suite 202
Cheyenne, WY 82001

Building Contractor/ Trade License

Business Name: THOMPSON, MATTHEW J
License Number: CT-22-42582
Classification Type: Plumbing - Journeyman with Gas
Issue/Expiration Date: 03/29/21 03/28/22

Bruce Trembath
Chief Building Official



BUILDING SAFETY DEPARTMENT
BUILDING CONTRACTOR/TRADE LICENSE CARD

Business Name: THOMPSON, MATTHEW J
License #: CT-22-42582
Classification: Plumbing - Journeyman with Gas
License Term: 03/29/21 03/28/22

Bruce Trembath
Chief Building Official

Colorado Department of Regulatory Agencies
Division of Professions and Occupations

State Plumbing Board

Matthew J Thompson
Journeyman Plumber

JP.03000784
Number

Active
Credential Status

04/29/2021
Issue Date

02/28/2023
Expire Date

Verify this credential at: dpo.colorado.gov

Ronne Hines
Division Director: Ronne Hines

[Signature]
Credential Holder Signature

Colorado State Plumbing Board



THOMPSON, MATT
PO BOX 215
AULT, COLORADO 80610

CANDIDATE ID: THOMPSON8142

EXAM DATE: 04/28/2021

EXAM NAME: CO Journeyman Plumber

EXAM RESULT: PASS

Congratulations! You have passed the CO Journeyman Plumber.

To apply for licensure:

Please log in to your individual Online Services account at www.colorado.gov/dora/licensing and click **Apply for a New License**. All the information you need regarding requirements and what is needed to submit a complete application can be found on the Application Checklist for the license type you want located at www.colorado.gov/pacific/dora/Plumbing_Applications_Docs.

If you do not have an account, you will have to create one to apply for a license. If you have ever had a Colorado license or receive the notification "The information you have provided matches an existing account," you are already in our system and should not create a duplicate account. If you do not remember your login information or are unable to access your account after using the tools provided, please contact dora_dpo_onlinelicensures@state.co.us or 303-894-2421 to restore your access.

Disclaimer - Passing of a plumbing examination is not an approval for licensure. An applicant must still complete the application process and fulfill the additional requirements therein to be eligible for licensure with the Division of Professions and Occupations.

m
24

Please circle all that are being applied for: GF, WF, SM, MP, JP, AP, HVAC.
 Attach credentials, certifications, letters, affidavits and test results to application.

- | List any other licenses held:
(Type: Master, Journeyman, Apprentice) | City Where
Issued | Date
Issued: |
|---|----------------------|-----------------|
| a. <u>Journeyman</u> | <u>Gering</u> | <u>5/1/24</u> |
| b. <u>Master</u> | <u>Seloff</u> | <u>9/16/24</u> |

4. PERSONAL REFERENCES:

Give names and COMPLETE addresses of at least three persons not related to you, who can vouch for the truthfulness of the above statements.

NAMES	ADDRESSES
_____	_____
_____	_____
_____	_____

9/24/24
Today's date

Mittie L. [Signature]
Applicant's Signature

In case of failure to pass test, applicant must resubmit in six months.

.....

FOR OFFICE USE ONLY

_____	_____
Name (Last, First, Middle)	Home mailing address
Date license was applied for: _____	
TEST(S) TAKEN AND DATE(S):	
(a) PLUMBERS: _____	SCORE: _____ DATE: _____ TEST NO. _____
(b) GAS FITTERS: _____	SCORE: _____ DATE: _____ TEST NO. _____
(c) SHEET METAL: _____	SCORE: _____ DATE: _____ TEST NO. _____

Note: Indicate type of Plumbers test taken by circling **ONE** of the following:

MASTER PLUMBER'S TEST or JOURNEYMAN PLUMBER'S TEST

Date license was granted: _____

Name and address of Employer at the time license was granted: _____

APPROVED: _____

CODE ADMINISTRATOR



OFFICIAL RESULTS REPORT

G27 - Master Plumber with Gas



Name: Matthew Thompson
Address: 107 Jiridon ave
Morrill, NE 69358

Candidate ID: ICNON165344
Date: 09/13/2024

EXAMINATION RESULT: **PASS**

Congratulations! You have passed this examination.

Here are the next steps to achieving your license:

1. Verify your exam's pass status on the International Code Council website after your exam at <http://preauthorization.iccsafe.org> (available within 48-72 business hours)
2. Contact your jurisdiction to check what other local requirements you may need to obtain your license
 - A passing score on this examination satisfies the testing requirements for licensure only and does not guarantee that licensing will be granted.

Need to update your name or address on file? Contact us! We want to make sure you're up-to-date with any information about your exam from both Pearson VUE and the Code Council.

Contact Pearson VUE at 877-234-6082. Call or email us at the International Code Council at 888-422-7233 ext. 5524 or customersuccess@iccsafe.org.

The Code Council reserves the right to amend or withhold any examination scores if, in its sole opinion, there is adequate reason to question their validity.

The authenticity of this score report can be validated by using Pearson VUE's Online Score Report Authentication found at:
<http://www.pearsonvue.com/verifycertificate>
Registration Number: 486601103 Validation Number: 890210797

City of Gering, Nebraska

KNOW YE BY THESE PRESENTS, THAT

MATT THOMPSON

IS HEREBY GRANTED LICENSE

as **MASTER PLUMBER**



FOR THE PERIOD ENDING APRIL 30, 2026

GERING CITY CLERK

DATE ISSUED **05-01-2025**

LICENSE NO. **308PS MP-02**



CITY OF GERING APPLICATION FOR PLUMBING LICENSE

(Incomplete applications will not be considered)

The undersigned hereby makes application for a license in accordance with Ordinance No. 2156, Chapter 116: Plumbing Contractors.

Please **check all** that are being applied for:

☐ Master Plumber

☐ Water Fitter

☐ Journeyman Plumber

☐ Gas Fitter Endorsement

☐ Apprentice Plumber

Attach credentials, certifications, letters, affidavits and test results to application.

1. Schneider, Timothy B 140170 mitchell heights road
Applicant Name (Last, First, Middle Initial) Applicant Address (Street)
mittell ne 69357
Applicant (City, State, Zip)
Tbschneider475@gmail.com 3086413334
Applicant Email Address Applicant Phone Number
Current Employer's Business Name and Address: S and S Plumbing
1350 Center Avenue Mitchell Ne 69357
Current employer's Phone Number: 3086230199

2. EDUCATION - College(s) or Trade School(s) attended:

<u>Chadron State College</u>	<u>3 years</u>	<u>none</u>
Name of School	Program Completed	Date graduated
<u>School Address (City/State)</u>		
<u>Name of School</u>	<u>Program Completed</u>	<u>Date graduated</u>
<u>School Address (City/State)</u>		

3. EXPERIENCE RECORD - Current and Former Employer's

NOTE: Letters or affidavits from employers must be attached.

Name and Addresses: (Starting with the most recent first)	Position Held: (Master, etc.)	Dates: (From - To)
a. <u>S and S Plumbing</u> <u>1350 Center Avenue Mitchell</u>	<u>Vice-president</u>	<u>2005-current</u>
b. _____	_____	_____
c. _____	_____	_____

List any other licenses held:
(i.e., Master, Journeyman, Apprentice)

City Where Issued:

Date Issued:

a. Apprentice plumber

2005-2009

b. Journeyman plumber

2010-2023

4. PERSONAL REFERENCES:

Please provide the names, email addresses, and phone numbers of at least three individuals who are not related to you and are not employed by your current employer, who can verify the accuracy of the information provided above.

Name:

Email Address:

Contact Number:

a. _____

b. _____

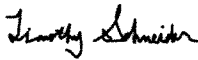
c. _____

Timothy Schneider

09-19-2025

Applicant's Signature

Date



.....

FOR OFFICE USE ONLY

License Number: S&S MP-03

Date License was Granted: May 2023 May 2023

Date Paid: 2023

☐ Cash ☐ Check # _____ ☐ Credit Card

Receipt Number: _____



OFFICIAL RESULTS REPORT

G27 - Master Plumber with Gas



Name: Timothy Schneider

Candidate ID: ICNON185116

Address: 140170 Mitchell Heights Road

Date: 6/20/2023

Mitchell

NE 69357

EXAMINATION RESULT: **PASS**

Congratulations! You have passed the above-named examination. You will be able to verify your pass status on the ICC website within 48-72 business hours after your exam. **Please contact your participating jurisdiction if you wish to pursue licensing.**

A passing score on this examination satisfies the testing requirements for licensure only, and does not guarantee that licensing will be granted. The candidate must also satisfy all local ordinance requirements in each jurisdiction where licensing is desired.

It is extremely important that you notify Pearson VUE and ICC of any changes in name and/or address to avoid the possibility of future correspondence not being received. Please contact both Pearson VUE at 877-234-6082 and ICC at 888-422-7233 ext. 5524 with changes to your name and address.

ICC reserves the right to amend or withhold any examination scores if, in its sole opinion, there is adequate reason to question their validity.

*The authenticity of this score report can be validated by using Pearson VUE's Online Score Report Authentication found at:
www.PearsonVUE.com/authenticate*

Digital embossing eliminates the possibility of unauthorized embossing of counterfeit score reports.

Registration Number: **449749062**

Validation Number: **585065547**

City of Gering, Nebraska

KNOW YE BY THESE PRESENTS, THAT

TIMOTHY B. SCHNEIDER

IS HEREBY GRANTED LICENSE

as **MASTER PLUMBER**

FOR THE PERIOD ENDING APRIL 30, 2026



GERING CITY CLERK

DATE ISSUED **05-01-2025**

LICENSE NO. **S&S MP-03**

CITY OF GERING APPLICATION FOR LICENSE

(Incomplete applications will not be considered)

The undersigned hereby makes application for a license in accordance with Gering City Ordinances.

Please **circle all** that are being applied for: GF, WF, SM, **MP**, JP, AP, **HVAC** *master*

Attach credentials, certifications, letters, affidavits and test results to application.

1. Sell Carl R 1614 6th Avenue
Name (Last, First, Middle) Home Mailing Address
(308) 225-2459
Contact Phone Number
SELlect Plumbing, Heating, and Cooling
Present employer's business name, phone number, address

2. EDUCATION:

College(s) or Trade School(s) attended:

Name and address of school	Date graduated

3. EXPERIENCE RECORD:

Current and Former Employer's

Name and Addresses: (Starting with the most recent first)	Position Held: (Master, etc.)	Dates: From-To
a. <u>Gering Valley</u> <u>Plumbing, Heating, & Cooling</u>	<u>Master</u>	<u>Dec. 2011 - March 2023</u>
b. <u>Snell Services</u>	<u>Tinner</u>	<u>2008 - Dec. 2011</u>
c. <u> </u>	<u> </u>	<u> </u>

List any other licenses held:

(Type: Master, Journeyman, Apprentice)

City Where

Issued

Date

Issued:

a. <u>Master plumbing license</u>	<u>Scottsbluff</u>	<u>Dec. 2022</u>
b. <u>Contractor license</u>	<u>Scottsbluff</u>	<u>April 2023</u>

4. PERSONAL REFERENCES:

Give names and COMPLETE addresses of at least three persons not related to you, who can vouch for the truthfulness of the above statements.

NAMES	ADDRESSES
_____	_____
_____	_____
_____	_____

Today's date

Applicant's Signature

In case of failure to pass test, applicant must resubmit in six months.

.....

FOR OFFICE USE ONLY

Name (Last, First, Middle)

Home mailing address

Date license was applied for: _____

TEST(S) TAKEN AND DATE(S):

(a) PLUMBERS: _____ SCORE: _____ DATE: _____ TEST NO. _____

(b) GAS FITTERS: _____ SCORE: _____ DATE: _____ TEST NO. _____

(c) SHEET METAL: _____ SCORE: _____ DATE: _____ TEST NO. _____

Note: Indicate type of Plumbers test taken by circling **ONE** of the following:

MASTER PLUMBER'S TEST or JOURNEYMAN PLUMBER'S TEST

Date license was granted: _____

Name and address of Employer at the time license was granted: _____

APPROVED: _____

CODE ADMINISTRATOR



OFFICIAL RESULTS REPORT

G29 - Master Mechanical



Name: Carl Sell

Candidate ID: ICNON182047

Address: 1614 6th Ave

Date: 6/27/2023

Scottsbluff NE 69361

EXAMINATION RESULT: **PASS**

Congratulations! You have passed the above-named examination. You will be able to verify your pass status on the ICC website within 48-72 business hours after your exam. **Please contact your participating jurisdiction if you wish to pursue licensing.**

A passing score on this examination satisfies the testing requirements for licensure only, and does not guarantee that licensing will be granted. The candidate must also satisfy all local ordinance requirements in each jurisdiction where licensing is desired.

It is extremely important that you notify Pearson VUE and ICC of any changes in name and/or address to avoid the possibility of future correspondence not being received. Please contact both Pearson VUE at 877-234-6082 and ICC at 888-422-7233 ext. 5524 with changes to your name and address.

ICC reserves the right to amend or withhold any examination scores if, in its sole opinion, there is adequate reason to question their validity.



OFFICIAL RESULTS REPORT

G27 - Master Plumber with Gas



Name: Carl Sell Candidate ID: ICNON165890

Address: 1100 10th Street Date: 10/28/2022

Gering NE 69341

EXAMINATION RESULT: PASS

Congratulations! You have passed the above-named examination. You will be able to verify your pass status on the ICC website within 48-72 business hours after your exam. **Please contact your participating jurisdiction if you wish to pursue licensing.**

A passing score on this examination satisfies the testing requirements for licensure only, and does not guarantee that licensing will be granted. The candidate must also satisfy all local ordinance requirements in each jurisdiction where licensing is desired.

It is extremely important that you notify Pearson VUE and ICC of any changes in name and/or address to avoid the possibility of future correspondence not being received. Please contact both Pearson VUE at 877-234-6082 and ICC at 888-422-7233 ext. 5524 with changes to your name and address.

ICC reserves the right to amend or withhold any examination scores if, in its sole opinion, there is adequate reason to question their validity.

The authenticity of this score report can be validated by using Pearson VUE's Online Score Report Authentication found at:
www.PearsonVUE.com/authenticate

Digital embossing eliminates the possibility of unauthorized embossing of counterfeit score reports.

Registration Number: 428596369

Validation Number: 516528902

SIGNATURE OF LICENSEE

City of Gering, Nebraska

KNOW YE BY THESE PRESENTS, THAT

CARL SELL

IS HEREBY GRANTED LICENSE

as **MASTER MECHANICAL**

FOR THE PERIOD ENDING APRIL 30, 2026



GERING CITY CLERK

DATE ISSUED **05-01-2025**

LICENSE NO. **SPHC MM-01**

City of Gering, Nebraska

KNOW YE BY THESE PRESENTS, THAT

CARL SELL

IS HEREBY GRANTED LICENSE

as **MASTER PLUMBER**

FOR THE PERIOD ENDING APRIL 30, 2026



GERING CITY CLERK

DATE ISSUED **05-01-2025**

LICENSE NO. **SPHC MP-01**

CITY OF GERING APPLICATION FOR LICENSE
(Incomplete applications will not be considered)

The undersigned hereby makes application for a license in accordance with Gering City Ordinances.

Please **circle all** that are being applied for: **GF, WF, SM, MP, JP, AP,**

Apprentice HVAC, Master HVAC, Journeyman HVAC.

Attach credentials, certifications, letters, affidavits and test results to application.

1. Bennett, Skyler, Ross 11645 Beverly Blvd.
Name (Last, First, Middle) Home Mailing Address
(308) 225-3720 Gering, NE 69341
Contact Phone Number
Skyler's Heating & Cooling, LLC same number & address as above
Present employer's business name, phone number, address

2. EDUCATION:
College(s) or Trade School(s) attended:
Build-A-Tech 11/2010
Name and address of school Date graduated
Western Wyoming Community College
Name and address of school Date graduated

3. EXPERIENCE RECORD:
Current and Former Employer's
Name and Addresses: Position Held: Dates:
(Starting with the **most recent** first) (Master, etc.) From-To
- a. Skyler's Heating & Cooling, LLC _____ 06/2022-present
- b. Oregon Trail Plumbing & Heating Journeyman HVAC 01/2019-06/2022
- c. Fraas Heating & Cooling Journeyman HVAC 05/2014-04/2017

- List any other licenses held: City Where Date
(Type: Master, Journeyman, Apprentice) Issued Issued:
- a. Journeyman Mechanical Scottsbluff _____
- b. Journeyman HVAC Rock Springs, WY _____

4. PERSONAL REFERENCES:

Give names and COMPLETE addresses of at least three persons not related to you, who can vouch for the truthfulness of the above statements.

NAMES
Roger Rojas
Bruce Fraas
Jordyn Zavala

ADDRESSES
2610 5th Ave., Scottsbluff, NE
Po Box 10605, Scottsbluff, NE
60052 Victory Ln., Scottsbluff, NE

9-7-22
Today's date

Shi Bt
Applicant's Signature

In case of failure to pass test, applicant must resubmit in six months.

.....
FOR OFFICE USE ONLY

Name (Last, First, Middle)

Home mailing address

Date license was applied for: _____

TEST(S) TAKEN AND DATE(S):

(a) PLUMBERS: _____ SCORE: _____ DATE: _____ TEST NO. _____

(b) GAS FITTERS: _____ SCORE: _____ DATE: _____ TEST NO. _____

(c) SHEET METAL: _____ SCORE: _____ DATE: _____ TEST NO. _____

Note: Indicate type of Plumbers test taken by circling **ONE** of the following:

MASTER PLUMBER'S TEST or JOURNEYMAN PLUMBER'S TEST

Date license was granted: 9-7-22

Name and address of Employer at the time license was granted: provisional

master mechanical one year

APPROVED: [Signature]
CODE ADMINISTRATOR



OFFICIAL RESULTS REPORT

F29 - National Standard Master
Mechanical



Name: Skyler Bennett Candidate ID: ICNON184998

Address: 1645 Beverly Blvd Date: 2/9/2024

Gering NE 69341

EXAMINATION RESULT: **PASS**

Congratulations! You have passed the above-named examination. You will be able to verify your pass status on the ICC website within 48-72 business hours after your exam. **Please contact your participating jurisdiction if you wish to pursue licensing.**

A passing score on this examination satisfies the testing requirements for licensure only, and does not guarantee that licensing will be granted. The candidate must also satisfy all local ordinance requirements in each jurisdiction where licensing is desired.

It is extremely important that you notify Pearson VUE and ICC of any changes in name and/or address to avoid the possibility of future correspondence not being received. Please contact both Pearson VUE at 877-234-6082 and ICC at 888-422-7233 ext. 5524 with changes to your name and address.

ICC reserves the right to amend or withhold any examination scores if, in its sole opinion, there is adequate reason to question their validity.

The authenticity of this score report can be validated by using Pearson VUE's Online Score Report Authentication found at:

www.PearsonVUE.com/authenticate

Digital embossing eliminates the possibility of unauthorized embossing of counterfeit score reports.

Registration Number: **470460429**

Validation Number: **853538625**

SIGNATURE OF LICENSEE

City of Gering, Nebraska

KNOW YE BY THESE PRESENTS, THAT

SKYLER BENNETT

IS HEREBY GRANTED LICENSE

as **MASTER MECHANICAL**

FOR THE PERIOD ENDING APRIL 30, 2026



GERING CITY CLERK

DATE ISSUED **05-01-2025**

LICENSE NO. **SHC MM-01**

**CERTIFIED CARBON MONOXIDE
AND COMBUSTION ANALYST**

SKYLER BENNETT

Has successfully participated in the training and passed a required written examination by the
NATIONAL COMFORT INSTITUTE, INC.
to perform Carbon Monoxide And Combustion Analysis
systems according to NCI standards and practices.



Certified since: January 19, 2012

A handwritten signature in black ink, appearing to read "Rob Falke", written over a horizontal line.

Rob Falke, National Comfort Institute, Inc.

Certificate of Completion

HVAC Learning Solutions proudly presents this certificate of completion to

Skyler Bennett

For successful completion of

Build-A-Tech

12/16/2011

on

Class completed

Date completed

Jose De La Portilla / Perry Maxwell

instructor / spon

Trainer, HVAC Learning Solutions

Director of Training, HVAC Learning Solutions

LENNOX

14.2 CEUs





CITY OF GERING APPLICATION FOR PLUMBING LICENSE

(Incomplete applications will not be considered)

The undersigned hereby makes application for a license in accordance with Ordinance No. 2156, Chapter 116: Plumbing Contractors.

Please **check all** that are being applied for:

☒ Master Plumber

☐ Water Fitter

☐ Journeyman Plumber

☐ Gas Fitter Endorsement

☐ Apprentice Plumber

Attach credentials, certifications, letters, affidavits and test results to application.

1. Wilson, Jay, B
Applicant Name (Last, First, Middle Initial)

1532 Ave P
Applicant Address (Street)

Scottsbluff NE 68361
Applicant (City, State, Zip)

JayWilson7878@gmail.com
Applicant Email Address

307-575-4641
Applicant Phone Number

Current Employer's Business Name and Address: PIPE WORK Plumbing LLC

710 Broadway

Current employer's Phone Number: Scottsbluff, NE 68361

2. EDUCATION - College(s) or Trade School(s) attended:

Name of School

Program Completed

Date graduated

School Address (City/State)

Name of School

Program Completed

Date graduated

School Address (City/State)

3. EXPERIENCE RECORD - Current and Former Employer's

NOTE: Letters or affidavits from employers must be attached.

Name and Addresses:
(Starting with the **most recent** first)

Position Held:
(Master, etc.)

Dates:
(From - To)

a. PIPE WORKS Plumbing LLC Master
710 Broadway SB, NE

1/1/2023 -

b. Shell Services
2345 10th ST Gering NE

MASTER

12/6/2010 - 12/30/2020

c. _____

List any other licenses held:
(i.e., Master, Journeyman, Apprentice)

City Where Issued:

Date Issued:

a. Master
b. Master
Master

Alliance
Sidney
Scottsville

PL 22 -003/Amil 30, 20
May 13, 2022
Feb, 14, 2022

4. PERSONAL REFERENCES:

Please provide the names, email addresses, and phone numbers of at least three individuals who are not related to you and are not employed by your current employer, who can verify the accuracy of the information provided above.

Name:

Email Address:

Contact Number:

a. Trish Schledewitz
b. _____
c. _____

Schledewitztrish@yahoo.com 308-622-1885

Carl Wilson
Applicant's Signature

9/18/2025
Date

.....
FOR OFFICE USE ONLY

License Number: _____

Date License was Granted: _____

Date Paid: _____

☐ Cash ☐ Check # _____ ☐ Credit Card

Receipt Number: _____

Colorado State Plumbing Board



WILSON, JAY
1532 AVE P
SCOTTSBLUFF, NEBRASKA 69361

CANDIDATE ID: wilson4641

EXAM DATE: 02/12/2022

EXAM NAME: CO Master Plumber

EXAM RESULT: PASS

Congratulations! You have passed the CO Master Plumber.

To apply for licensure:

Please log in to your individual Online Services account at www.colorado.gov/dora/licensing and click **Apply for a New License**. All the information you need regarding requirements and what is needed to submit a complete application can be found on the Application Checklist for the license type you want located at www.colorado.gov/pacific/dora/Plumbing_Applications_Docs.

If you do not have an account, you will have to create one to apply for a license. If you have ever had a Colorado license or receive the notification "The information you have provided matches an existing account," you are already in our system and should not create a duplicate account. If you do not remember your login information or are unable to access your account after using the tools provided, please contact dora_dpo_onlinelicensures@state.co.us or 303-894-2421 to restore your access.

Disclaimer –Passing of a plumbing examination is not an approval for licensure. An applicant must still complete the application process and fulfill the additional requirements therein to be eligible for licensure with the Division of Professions and Occupations.



COLORADO

Department of
Regulatory Agencies

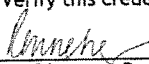
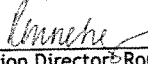
Division of Professions and Occupations

Below are your electronic wallet cards to use as proof of your license. You can also print your license at any time by visiting www.colorado.gov/dora/DPO_Print_License and following the instructions listed.

If you would like a more durable wallet card option, you can order one for a fee by visiting www.nasbastore.org and selecting the "Colorado License Cards" link on the left hand side of the page. If you prefer, you can also contact NASBA by phone at 1-888-925-5237 or by email at nasbastore@nasba.org.

Should you have questions about your credential, or need other information please contact our Customer Service Team at 303-894-7800 or dora_dpo_licensing@state.co.us.

NASBA store 104307

Colorado Department of Regulatory Agencies Division of Professions and Occupations		Colorado Department of Regulatory Agencies Division of Professions and Occupations	
State Plumbing Board		State Plumbing Board	
Jay B Wilson		Jay B Wilson	
Master Plumber		Master Plumber	
MP.03000981	03/04/2022	MP.03000981	03/04/2022
Number	Issue Date	Number	Issue Date
Active	02/28/2023	Active	02/28/2023
Credential Status	Expire Date	Credential Status	Expire Date
Verify this credential at: dpo.colorado.gov		Verify this credential at: dpo.colorado.gov	
			
Division Director: Ronne Hines		Division Director: Ronne Hines	
Credential Holder Signature		Credential Holder Signature	



SIGNATURE OF LICENSEE

City of Scottsbluff, Nebraska

KNOW YE BY THESE PRESENTS, THAT

Jay Wilson

IS HEREBY GRANTED LICENSE

as **MASTER PLUMBER**

FOR THE PERIOD ENDING APRIL 30, 2026

Kimberley Knight
SCOTTSBLUFF CITY CLERK

DATE ISSUED 4.16.25 LICENSE NO. 25-14

SIGNATURE OF LICENSEE

City of Gering, Nebraska
KNOW YE BY THESE PRESENTS, THAT

JAY WILSON

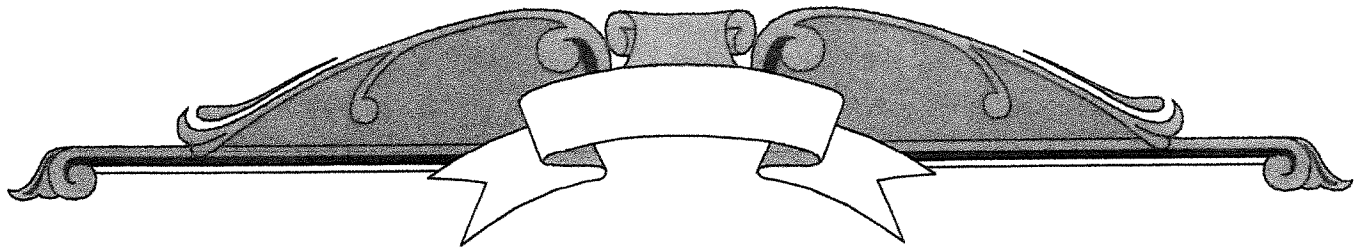
IS HEREBY GRANTED LICENSE

as **MASTER PLUMBER**

FOR THE PERIOD ENDING APRIL 30, 2026

DATE ISSUED **05-01-2025**

Kimberley Knight
GERING CITY CLERK
LICENSE NO. **PW MP-02**



City of Alliance Contractor License

PL22-003

City of Alliance, Nebraska

To all who shall see these presents, GREETINGS

KNOW YE by these presents, that:

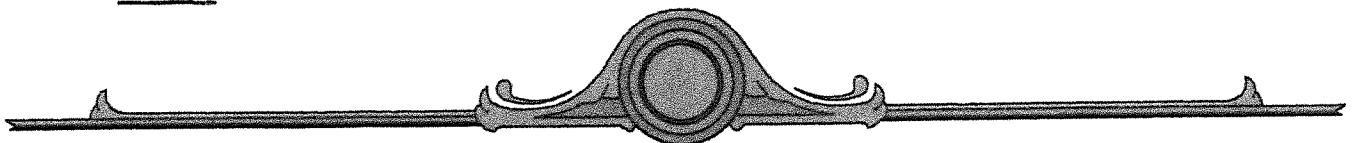
**Jay Wilson
Snell Services, Inc.**

having complied with the provisions of Ordinance No. 2880 of the City of Alliance, Nebraska, and having presented a receipt from the City Treasurer for \$50.00 as License Occupation Tax for the term ending April 30, 2023, is hereby licensed to conduct and carry on the business of:

Master Plumber

within the jurisdiction of the City of Alliance, Nebraska, as authorized by said Ordinance.

City of Alliance Representative





1115 13TH AVENUE PO Box 79
SIDNEY, NEBRASKA 69162

PHONE (308) 254-5300 FAX (308) 254-3164
www.cityofsidney.org

May 13, 2022

Snell Services
Jay Wilson
1532 Avenue P
Scottsbluff, NE 69361

Your wallet license is printed below. Please cut out and keep with you.

If any changes are needed, contact me at 308-254-5300.

Sincerely,

Chief Building Inspector
Marshall Hall



The City of Sidney, Nebraska, hereby grants to
Snell Services; Jay Wilson
the following license:
Master Plumber
Inspection Department

City of Gering, Nebraska

KNOW YE BY THESE PRESENTS, THAT

JAY WILSON

IS HEREBY GRANTED LICENSE

as **MASTER PLUMBER**

FOR THE PERIOD ENDING APRIL 30, 2026



GERING CITY CLERK

DATE ISSUED **05-01-2025**

LICENSE NO. **PW MP-02**

CITY OF GERING APPLICATION FOR LICENSE
(Incomplete applications will not be considered)

The undersigned hereby makes application for a license in accordance with Gering City Ordinances.

Please **circle all** that are being applied for: **GF, WF, SM, MP, JP, AP,**

Apprentice HVAC, Master HVAC, Journeyman HVAC.

Attach credentials, certifications, letters, affidavits and test results to application.

1. Markus Brock Anthony 1201 E 35th
Name (Last, First, Middle) Home Mailing Address
307 575 1151
Contact Phone Number
308 Plumbing Solutions
Present employer's business name, phone number, address

2. EDUCATION:
College(s) or Trade School(s) attended:

Name and address of school	Date graduated
----------------------------	----------------

Name and address of school	Date graduated
----------------------------	----------------

EXPERIENCE RECORD:

Current and Former Employer's

Name and Addresses:
(Starting with the **most recent** first)

Position Held:
(Master, etc.)

Dates:
From-To

- | | | |
|----------------------------------|----------------------------|-------------------------------|
| a. <u>308 Plumbing Solutions</u> | <u>Master</u> | <u>March 2024 - Present</u> |
| b. <u>Pipework Plumbing</u> | <u>Journeyman / Master</u> | <u>July 2018 - April 2024</u> |
| c. <u>GUP</u> | <u>Apprentice</u> | <u>May 2012 -</u> |

List any other licenses held:
(Type: Master, Journeyman, Apprentice)

City Where
Issued

Date
Issued:

- | | | |
|-------------------------------|---------------------|------------------|
| a. <u>Master Scotts Bluff</u> | <u>Scotts Bluff</u> | <u>Sept 2022</u> |
| b. _____ | _____ | _____ |

4. PERSONAL REFERENCES:

Give names and COMPLETE addresses of at least three persons not related to you, who can vouch for the truthfulness of the above statements.

NAMES	ADDRESSES
_____	_____
_____	_____
_____	_____

Today's date

Applicant's Signature

In case of failure to pass test, applicant must resubmit in six months.

.....
FOR OFFICE USE ONLY

Name (Last, First, Middle)

Home mailing address

Date license was applied for: _____

TEST(S) TAKEN AND DATE(S):

(a) PLUMBERS: _____ SCORE: _____ DATE: _____ TEST NO. _____

(b) GAS FITTERS: _____ SCORE: _____ DATE: _____ TEST NO. _____

(c) SHEET METAL: _____ SCORE: _____ DATE: _____ TEST NO. _____

Note: Indicate type of Plumbers test taken by circling **ONE** of the following:

MASTER PLUMBER'S TEST or JOURNEYMAN PLUMBER'S TEST

Date license was granted: _____

Name and address of Employer at the time license was granted: _____

APPROVED: _____

CODE ADMINISTRATOR



OFFICIAL RESULTS REPORT

G27 - Master Plumber with Gas



Name:	Brock Manley	Candidate ID:	ICNON183002
Address:	1201 east 38th st	Date:	10/25/2022

Scottsbluff NE 69361

EXAMINATION RESULT: **PASS**

Congratulations! You have passed the above-named examination. You will be able to verify your pass status on the ICC website within 48-72 business hours after your exam. **Please contact your participating jurisdiction if you wish to pursue licensing.**

A passing score on this examination satisfies the testing requirements for licensure only, and does not guarantee that licensing will be granted. The candidate must also satisfy all local ordinance requirements in each jurisdiction where licensing is desired.

It is extremely important that you notify Pearson VUE and ICC of any changes in name and/or address to avoid the possibility of future correspondence not being received. Please contact both Pearson VUE at 877-234-6082 and ICC at 888-422-7233 ext. 5524 with changes to your name and address.

ICC reserves the right to amend or withhold any examination scores if, in its sole opinion, there is adequate reason to question their validity.

The authenticity of this score report can be validated by using Pearson VUE's Online Score Report Authentication found at:
www.PearsonVUE.com/authenticate

Digital embossing eliminates the possibility of unauthorized embossing of counterfeit score reports.

Registration Number: **431684386**

Validation Number: **524966564**

City of Gering, Nebraska

KNOW YE BY THESE PRESENTS, THAT

BROCK MANLEY

IS HEREBY GRANTED LICENSE

as **MASTER PLUMBER**

FOR THE PERIOD ENDING APRIL 30, 2026



GERING CITY CLERK

DATE ISSUED **05-01-2025**

LICENSE NO. **308PS MP-01**

J-09

CITY OF GERING APPLICATION FOR LICENSE
(Incomplete applications will not be considered)

The undersigned hereby makes application for a license in accordance with Gering City Ordinances.

Please **circle all** that are being applied for: **GF, WF, SM, MP, JP, AP, HVAC.**

Attach credentials, certifications, letters, affidavits and test results to application.

1. Strong, Shawn Gregory 1906 Ave L
Name (Last, First, Middle) Home Mailing Address

308-225-3392 Scottsbluff NE 69361
Contact Phone Number

Pipe Works Plumbing 641-0481 710 Broadway Scottsbluff
Present employer's business name, phone number, address

2. EDUCATION:
College(s) or Trade School(s) attended:

Name and address of school	Date graduated
----------------------------	----------------

Name and address of school	Date graduated
----------------------------	----------------

3. EXPERIENCE RECORD:

Current and Former Employer's

Name and Addresses:

(Starting with the **most recent** first)

Position Held:

(Master, etc.)

Dates:

From-To

a. <u>Independant Plumbing</u>		<u>2018-2020</u>
--------------------------------	--	------------------

b. <u>S&S Plumbing</u>		<u>2017-2018</u>
----------------------------	--	------------------

c. <u>Gering Valley Plumbing</u>		<u>2012-2017</u>
----------------------------------	--	------------------

List any other licenses held:
(Type: Master, Journeyman, Apprentice)

City Where
Issued

Date
Issued:

a. <u>Journeyman</u>	<u>Scottsbluff</u>	<u>11 May 19</u>
----------------------	--------------------	------------------

b. _____	_____	_____
----------	-------	-------

4. PERSONAL REFERENCES:

Give names and COMPLETE addresses of at least three persons not related to you, who can vouch for the truthfulness of the above statements.

NAMES	ADDRESSES
<u>Brock Manly</u>	<u></u>
<u>Jason Muhr</u>	<u></u>
<u>Josh Rexus</u>	<u></u>

1/28/20
Today's date

[Signature]
Applicant's Signature

In case of failure to pass test, applicant must resubmit in six months.

.....
FOR OFFICE USE ONLY

Name (Last, First, Middle)

Home mailing address

Date license was applied for:

TEST(S) TAKEN AND DATE(S):

(a) PLUMBERS: SCORE: DATE: TEST NO.

(b) GAS FITTERS: SCORE: DATE: TEST NO.

(c) SHEET METAL: SCORE: DATE: TEST NO.

Note: Indicate type of Plumbers test taken by circling **ONE** of the following:

MASTER PLUMBER'S TEST or JOURNEYMAN PLUMBER'S TEST

Date license was granted:

Name and address of Employer at the time license was granted:

APPROVED:

CODE ADMINISTRATOR

369

CITY OF GERING APPLICATION FOR LICENSE
(Incomplete applications will not be considered)

The undersigned hereby makes application for a license in accordance with Gering City Ordinances.

Please **circle all** that are being applied for: **GF, WF, SM, MP, JP, AP, HVAC.**

Attach credentials, certifications, letters, affidavits and test results to application.

1. Strong, Shawn Gregory 1906 Ave L
Name (Last, First, Middle) Home Mailing Address
308-225-3392 Scottsbluff NE 69361
Contact Phone Number
Pipe Works Plumbing 641-0481 710 Broadway, Scottsbluff
Present employer's business name, phone number, address

2. EDUCATION:
College(s) or Trade School(s) attended:

Name and address of school	Date graduated
Name and address of school	Date graduated

3. EXPERIENCE RECORD:

Current and Former Employer's

Name and Addresses:

(Starting with the **most recent** first)

Position Held:

(Master, etc.)

Dates:

From-To

- | | | |
|----------------------------------|--|------------------|
| a. <u>Independant Plumbing</u> | | <u>2018-2020</u> |
| b. <u>S&S Plumbing</u> | | <u>2017-2018</u> |
| c. <u>Gering Valley Plumbing</u> | | <u>2012-2017</u> |

List any other licenses held:
(Type: Master, Journeyman, Apprentice)

City Where
Issued

Date
Issued:

- | | | |
|----------------------|--------------------|------------------|
| a. <u>Journeyman</u> | <u>Scottsbluff</u> | <u>11 May 19</u> |
| b. _____ | | |

4. PERSONAL REFERENCES:

Give names and COMPLETE addresses of at least three persons not related to you, who can vouch for the truthfulness of the above statements.

NAMES	ADDRESSES
<u>Brock Manly</u>	<u></u>
<u>Jason Muhr</u>	<u></u>
<u>Josh Rexus</u>	<u></u>

04/21/2021
Today's date

[Signature]
Applicant's Signature

In case of failure to pass test, applicant must resubmit in six months.

.....

FOR OFFICE USE ONLY

Name (Last, First, Middle)

Home mailing address

Date license was applied for:

TEST(S) TAKEN AND DATE(S):

(a) PLUMBERS: SCORE: DATE: TEST NO.

(b) GAS FITTERS: SCORE: DATE: TEST NO.

(c) SHEET METAL: SCORE: DATE: TEST NO.

Note: Indicate type of Plumbers test taken by circling **ONE** of the following:

MASTER PLUMBER'S TEST or JOURNEYMAN PLUMBER'S TEST

Date license was granted:

Name and address of Employer at the time license was granted:

APPROVED:

CODE ADMINISTRATOR



CITY OF GERING APPLICATION FOR PLUMBING LICENSE

(Incomplete applications will not be considered)

The undersigned hereby makes application for a license in accordance with Ordinance No. 2156, Chapter 116: Plumbing Contractors.

Please **check all** that are being applied for:

☒ Master Plumber

☐ Journeyman Plumber

☐ Apprentice Plumber

☐ Water Fitter

☐ Gas Fitter Endorsement

Attach credentials, certifications, letters, affidavits and test results to application.

1. Strong Shawn G
Applicant Name (Last, First, Middle Initial)

815 W 25th St.
Applicant Address (Street)

Scottsbluff, NE 69361
Applicant (City, State, Zip)

sgstrong@gmail.com
Applicant Email Address

(308) 225-3392
Applicant Phone Number

Current Employer's Business Name and Address:

Snell Services

2345 10th St.

Current employer's Phone Number:

Gering, NE 69341
(308) 270-3331

2. EDUCATION - College(s) or Trade School(s) attended:

Name of School

Program Completed

Date graduated

School Address (City/State)

Name of School

Program Completed

Date graduated

School Address (City/State)

3. EXPERIENCE RECORD - Current and Former Employers

NOTE: Letters or affidavits from employers must be attached.

Name and Addresses:
(Starting with the most recent first)

Position Held:
(Master, etc.)

Dates:
(From - To)

a. Snell Services

Plumbing Super

b. Best Plumbing

Field Super

c. Independent

Technician

List any other licenses held:
(I.e., Master, Journeyman, Apprentice)

City Where Issued:

Date Issued:

a. Master Plumber Gering

b. Apprentice Mechanical Gering

~~4/30/~~ 5/1/25
5/1/25

4. PERSONAL REFERENCES:

Please provide the names, email addresses, and phone numbers of at least three individuals who are not related to you and are not employed by your current employer, who can verify the accuracy of the information provided above.

Name:

Email Address:

Contact Number:

a. Jason Muhr

b. Brock Manly

c. Tony Green

Applicant's Signature

Date

.....

FOR OFFICE USE ONLY

License Number: _____

Date License was Granted: _____

Date Paid: _____

☐ Cash ☐ Check # _____ ☐ Credit Card

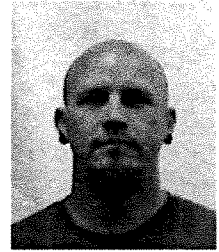
Receipt Number: _____

RECEIVED AUG 20 2024



OFFICIAL RESULTS REPORT

F27 - National Standard Master Plumber with Gas



Name: Shawn G Strong
Address: 815 W 25th St
Scottsbluff, NE 69361

Candidate ID: ICNON203111
Date: 08/19/2024

EXAMINATION RESULT: **PASS**

Congratulations! You have passed this examination.

Here are the next steps to achieving your license:

1. Verify your exam's pass status on the International Code Council website after your exam at <http://preauthorization.iccsafe.org> (available within 48-72 business hours)
2. Contact your jurisdiction to check what other local requirements you may need to obtain your license
 - A passing score on this examination satisfies the testing requirements for licensure only and does not guarantee that licensing will be granted.

Need to update your name or address on file? Contact us! We want to make sure you're up-to-date with any information about your exam from both Pearson VUE and the Code Council.

Contact Pearson VUE at 877-234-6082. Call or email us at the International Code Council at 888-422-7233 ext. 5524 or customersuccess@iccsafe.org.

The Code Council reserves the right to amend or withhold any examination scores if, in its sole opinion, there is adequate reason to question their validity.

The authenticity of this score report can be validated by using Pearson VUE's Online Score Report Authentication found at:

*<http://www.pearsonvue.com/authenticate>
Registration Number: 485060604 Validation Number: 1020490250*

City of Gering, Nebraska

KNOW YE BY THESE PRESENTS, THAT

SHAWN STRONG

IS HEREBY GRANTED LICENSE

as **APPRENTICE MECHANICAL**

FOR THE PERIOD ENDING APRIL 30, 2026



GERING CITY CLERK

DATE ISSUED 05-01-2025

LICENSE NO. SS AM-09

City of Gering, Nebraska

KNOW YE BY THESE PRESENTS, THAT

SHAWN STRONG

IS HEREBY GRANTED LICENSE

as **MASTER PLUMBER**

FOR THE PERIOD ENDING APRIL 30, 2026



GERING CITY CLERK

DATE ISSUED 05-01-2025

LICENSE NO. SS MP-04

