



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. _____
Applicant Name (Last, First, Middle Initial) Applicant Address (Street)

Applicant (City, State, Zip)

Applicant Email Address Applicant Phone Number

Current Employer's Business Name and Address: _____

Current employer's Phone Number: _____

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. _____

b. _____

c. _____

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

City Where Issued:

Date Issued:

a. _____

b. _____

4. HOURS WORKED:

Include all qualifying work hours completed under your previous mechanical license designation.

| FROM: Month / Year | TO: Month / Year | TOTAL HOURS WORKED |
|---|------------------|--------------------|
| | | |
| | | |
| | | |
| | | |
| TOTAL NUMBER OF HOURS REPORTED ON THIS FORM > | | |

5. 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: _____