



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 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. _____ _____	_____ _____	_____ _____
b. _____ _____	_____ _____	_____ _____
c. _____ _____	_____ _____	_____ _____

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

City Where Issued:

Date Issued:

a. _____

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

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FOR OFFICE USE ONLY

License Number: _____

Date License was Granted: _____

Date Paid: _____

☐ Cash ☐ Check # _____ ☐ Credit Card

Receipt Number: _____