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

The undersigned hereby makes application for a license <u>in</u> accordance with Gering City Ordinances. Please <u>circle all</u> 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.

Name (Last, First, Middle)	Home Mailing Address	
Contact Phone Number		
Present employer's business name, phone n	umber, address	
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) a.	Position Held: (Master, etc.)	Dates: From-T
b		
c List any other licenses held: (Type: Master, Journeyman, Apprentice)	City Where Issued	Date Issued:
a		

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.

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Today's dare	pplicant's Signati	ure
In case of failure to pass test, ap	plicant must resu	bmit in six months.
FOR OFFI	CE USE ONLY	
Name (Last, First, Middle)	ome mailing addı	ress
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 follo	owing:
MASTER PLUMBER'S TEST or	JOURNEYMAN	VPLUMBER'S TEST
Date license was granted:		
Name and address of Employer at the time license wa	s granted:	
APPROVED:		

CODE ADMINISTRATOR