



City of Columbia, Missouri

Application for Mechanical Certification

Building and Site Development, City of Columbia

701 East Broadway, 3rd Fl, PO Box 6015, Columbia, Missouri 65205

Phone: 573-874-7474 Fax: 573-874-7283 TTY: 573-874-7251

Name	Date Applying
Address	City / State / Zip
Phone #	Email Address

Application for Examination **Application for Reciprocation**
 Master (Type A) Journeyman (Type B) Chimney Sweep (Type D)

EMPLOYER INFORMATION *proof of hours required, attach separately, use add'l sheets as needed

Current Employer	Dates of Employment	HVAC Trade Hrs Worked
Employer's Address	Employer's Phone #	
Previous Employer / Address	Dates of Employment	HVAC Trade Hrs Worked
Previous Employer / Address	Dates of Employment	HVAC Trade Hrs Worked
Previous Employer / Address	Dates of Employment	HVAC Trade Hrs Worked

Overall Total of Trade Hours worked to apply for testing / reciprocation: (incl. from sep. sheet)

EDUCATION / CREDENTIALS

Grade School: years High School: Years College: Years
 Special Training in HVAC field at Trade/Vocational School and/or Military Experience
 School or Branch / Dates:
 Courses Taken:

 Current Mechanical License(s) Type Held City of License
 Previous HVAC Testing taken: Testing Entity
 Date Taken Test Score
 I hereby state the above information is true and correct, and agree to abide by the regulations and Ordinances of the City of Columbia, MO.
 Signature

For Office Use Only: Approved to Test Approved for Reciprocation Denied
 Approved by signature: Decision Date