

CITY OF COLUMBIA - BOARD OF MECHANICAL EXAMINERS

APPLICATION FOR MECHANICAL LICENSE & TEST

Applicant Name:		Application Date:	
Street Address:		Daytime Phone:	
City, State, Zip Code:		E-Mail:	
	Applying For:	License Type:	Current City of Columbia License #
A		Master Mechanical License - Type A	
B		Journeyman Mechanical License - Type B	
C		Apprentice License - Type C	
D		Chimney Sweep License - Type D	

HVAC Work Experience Listed in Chronological Order (provide documentation and additional sheets as required):

	Employer Name, Address, and Phone #	Date From	Date To	Total Employer Hours	HVAC Trade Hours Worked
1					
2					
3					
4					
5					
	Total HVAC Work Experience				

Special training in the HVAC field. (Schools (trade, vocational, military, college, etc.) (attach additional sheets as required))

	School or College,	Date From	Date To	Total Credit Hours	
1					
2					
3					

Provide any additional information that you would like to have the board consider (attach additional sheets as required)

Describe any Expeior or Block & Associates mechanical test(s) previously taken and passed (provide exam #, score, and date passed):

1	
2	

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AGREE TO ABIDE BY THE REGULATIONS AND ORDINANCES OF THE CITY OF COLUMBIA.

SIGNATURE OF APPLICANT

FOR BOARD USE ONLY

Notes:

Interview Date _____	Approved _____	Conditional _____	Disapproved _____
<i>HVAC Master</i>	<i>HVAC Journeyman</i>	<i>General Contractor</i>	<i>Professional Engineer</i>
			<i>Layman</i>

