



# City of Columbia, Missouri

## Application for Mechanical Certification

Building and Site Development, City of Columbia

701 East Broadway, 3<sup>rd</sup> 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





