

MECHANICAL LICENSE EXAMINATION
APPLICATION
(Please Print)

REGISTRATION NUMBER _____

EXAM DATE _____

GRADE _____

(Please Print)

I, _____, hereby make application for examination to qualify for licensing by the City of Elkhart, Indiana for the classifications checked below.

- Class A HVAC 4.5 hour
- Class AA Hydronic 3 hour
- Class AAA Refrigeration 3 hour

* Examinations totaling no more than 6 hours may be taken at one time.*

RESIDENCE:

Street _____ Phone (____) _____

City _____ State _____ Zip _____

Social Security or Driver's Licence number _____

COMPLETE THE FOLLOWING FOR THE COMPANY YOU ARE REPRESENTING:

Company Name _____

Street _____ Phone (____) _____

City _____ State _____ Zip _____

EDUCATION:

(Circle last grade completed) 3 4 5 6 7 8 9 10 11 12 13 14 15 16

High School _____

College or Trade School _____

Years as Apprentice _____

Journeyman _____

Contractor _____

PLEASE COMPLETE REVERSE SIDE

List last 3 places of employment, dates, and position or duties:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Give two references (other than employers)

1. _____ Address _____

2. _____ Address _____

Have you ever held a Mechanical License in this or any other city? If so, give place and dates.

Have you ever been refused a license or have had a license revoked? If so, give place and dates.

^{\$100.00}
 A ~~\$50.00~~ Application fee must be paid for each license class examination requested.
 Application fees are not refundable.

Application must be submitted in person (ID required) at:

City of Elkhart Municipal Building
 Building Department
 229 S. Second St.
 Elkhart, IN 46516

Compliance with applicable Laws and Regulations will be required before license is granted.

I hereby certify that all the information that I have given herein is true and complete to the best of my knowledge and belief and that any false statement will be cause for voiding this application an/or subsequent licensing.

SIGNED _____ DATE _____

ACCEPTED BY: _____ DATE _____