BUILDING & ZONING DEPARTMENT
SPRINGFIELD MECHANICAL COMMISSION

APPLICATION FOR:

( ) RESIDENTIAL MECHANICAL LICENSE
( ) COMMERCIAL MECHANICAL LICENSE

RETURN "APPLICATION FOR SPRINGFIELD LICENSE" COMPLETED IN FULL ALONG WITH ALL PROOF OF TESTING TO THE OFFICE OF BUILDING and ZONING (ROOM 304 MUNICIPAL CENTER WEST). THE APPLICATION WILL GO BEFORE THE SPRINGFIELD MECHANICAL COMMISSION AT THEIR NEXT SCHEDULED MEETING FOR REVIEW. ONCE APPROVED BY THE SPRINGFIELD MECHANICAL COMMISSION AND THE $25 FEE HAS BEEN PAID, A SPRINGFIELD MECHANICAL LICENSE WILL BE GRANTED.

PLEASE PRINT AND COMPLETE THIS FORM IN INK, ANSWERING ALL QUESTIONS

1. Full Name:_________________________________________________________________________
2. Address:___________________________________________________________________________
3. Phone Number:___________________________________Date of Birth:_______________________
4. Proposed Business or Firm Name:_____________________________________________________
5. Proposed Business Address:__________________________________________________________
6. Do you now have the necessary tools and machinery needed for mechanical contracting:_______
7. Do you have a shop:__________________________________________________________________
   If so address of shop:__________________________________________________________________
8. Were you ever issued a Mechanical License:___________________________________________
   Indicate where, when and what kind:__________________________________________________
9. Has any license issued to you ever been revoked:________________________________________
   Indicate where and when:________________________________________________________________
10. Please fill out the following education information:
    High School__________________________________________________________Graduated____
    College or University____________________________________yrs________________Graduated____
    Technical School or other Training____________________________________________________
11. Have you ever been in business as a mechanical contractor: _______________________________

If so, give the trade name under which you operated: _______________________________________

Location and address of your business: ____________________________________________

How long were you in business? ________________________________________________________

**MECHANICAL REFERENCES**

Be sure that you break down your experience according to each classification.

Total years of experience______________________________________________________________

| CLASSIFICATION                        | As Apprentice | | | As Journeyman | | | Supervisor | | |
|---------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|
|                                       | Years        | Dates        | Years        | Dates        | Years        | Dates        |
| Residential Mechanical Work           |              |              |              |              |              |              |
| Commercial & Industrial Mechanical    |              |              |              |              |              |              |
| Work                                 |              |              |              |              |              |              |
| Mechanical Maintenance & Repair       |              |              |              |              |              |              |
| Other Mechanical Work                 |              |              |              |              |              |              |

**ATTACH ADDITIONAL SHEETS IF NECESSARY**

**REFERENCES**

List at least three (3) persons engaged in the mechanical industry who know about your work and attach a letter of recommendation from each.

1. Name_________________________________ Phone #______________________________
   Address_________________________________ Occupation________________________

2. Name_________________________________ Phone #______________________________
   Address_________________________________ Occupation________________________

3. Name_________________________________ Phone #______________________________
   Address_________________________________ Occupation________________________
MECHANICAL EMPLOYEE RECORDS

IMPORTANT: Residential (limited) license – minimum 5 years employment experience
           Commercial License – minimum 7 years employment experience

NOTE: Letter of verification will be required for proof of information listed below.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Name</th>
<th>Address</th>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Unless complete address of employer is given, it is impossible to properly process your application and will cause delay.

<table>
<thead>
<tr>
<th>DATES EMPLOYED</th>
<th>TYPE OF MECHANICAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>From Month/Year</td>
<td>To Month/Year</td>
</tr>
<tr>
<td>Ducts, hoods, furnace, air conditioning equipment, etc.</td>
<td></td>
</tr>
</tbody>
</table>

The above information is accurate to the best of my knowledge and belief and I hereby authorize the Commission and/or City Personnel to inquire into any of the above information.

Applicant’s Signature: ________________________________

Date: _____________________________________________

FOR OFFICIAL USE ONLY

( ) APPLICATION ACCEPTED

( ) APPLICATION REJECTED