

BUILDING & ZONING DEPARTMENT  
 SPRINGFIELD MECHANICAL COMMISSION

EXAMINATION APPLICATION  
 MOBILE HOME & GAS PIPING.

**PLEASE PRINT AND COMPLETE THIS FORM IN INK – FILL OUT ALL QUESTIONS**

**NAME:** \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

**PROPOSED BUSINESS NAME:** \_\_\_\_\_

Business Address: \_\_\_\_\_

Do you now have the necessary tools and machinery needed for Mobile Home/Gas Piping contracting? \_\_\_\_\_ Do you have a shop? \_\_\_\_\_

Shop Address: \_\_\_\_\_

Were you ever issued a mechanical license? \_\_\_\_\_

Indicate where, when and what kind? \_\_\_\_\_

Has any license issued to you ever been revoked? \_\_\_\_\_

Indicate where and when \_\_\_\_\_

Have you ever been in business as a Contractor? \_\_\_\_\_

If so, give the trade name under which your operated. \_\_\_\_\_

Location/Address of business \_\_\_\_\_

How long were you in business? \_\_\_\_\_

**EDUCATION:**

High School \_\_\_\_\_ Graduated: \_\_\_\_\_

College/University \_\_\_\_\_ Yrs. \_\_\_\_\_ Graduated: \_\_\_\_\_

Technical School/Other \_\_\_\_\_ Yrs. \_\_\_\_\_ Graduated: \_\_\_\_\_

**EXPERIENCE:** Attached additional sheets if necessary.

	<u>Apprentice</u>		<u>Journeyman</u>		<u>Supervisor</u>	
	Yrs	Mos	Yrs	Mos	Yrs	Mos
Mechanical Work						
Commercial & Industrial						
Mechanical Maintenance & Repair						
Other Construction Work						

**REFERENCES:** List at least three(3) persons engaged in the mechanical industry who know about your work.

Name\_\_\_\_\_ Phone#\_\_\_\_\_

Address\_\_\_\_\_ Occupation\_\_\_\_\_

Name\_\_\_\_\_ Phone#\_\_\_\_\_

Address\_\_\_\_\_ Occupation\_\_\_\_\_

Name\_\_\_\_\_ Phone#\_\_\_\_\_

Address\_\_\_\_\_ Occupation\_\_\_\_\_

**EMPLOYMENT:**