

FOR OFFICIAL USE ONLY

() APPLICATION ACCEPTED

() APPLICATION REJECTED

**BUILDING & ZONING DEPARTEMENT
SPRINGFIELD MECHANICAL COMMISSION**

**EXAMINATION APPLICATION FOR:
Solid Fuel/Vented Decorative Appliance & Gas Piping**

PLEASE PRINT AND COMPLETE THIS FORM IN INK, FILLING OUT 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 Has any license issued to you ever been revoked: _____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.

Unless <u>complete</u> address of employer is given, it is impossible to properly process your application and will cause delay.	DATES EMPLOYED		TYPE OF MECHANICAL
	From Month/Year	To Month/Year	Ducts, hoods, furnace, air conditioning equipment, etc.
Name			
Address			
Name			
Address			
Name			

ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE TYPE OF WORK.

The above information is accurate to the best of my knowledge and belief and I hereby authorized the Commission to inquire into any of the above information.

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ACCEPTED	DENIED
REASON REJECTED:	

Applicant's Signature: _____

Date: _____