

APPLICATION FOR CITY OF NEWTON, KANSAS CERTIFICATION / LICENSE

I, the undersigned, hereby make application for a City Certification as follows:

NAME: _____ EMPLOYER: _____
 ADDRESS: _____ ADDRESS: _____

 PHONE: _____ PHONE: _____

CHECK ONE: PLUMBER ELECTRICIAN MECHANICAL INSTALLER
 Master _____ _____ _____
 Journeyman _____ _____ _____

EXPERIENCE IN FIELD: (Verification of experience is required)

Employer & Address	Position Held	Period of Employment

Do you hold a current Certification in any City? _____

If so, City: _____ State: _____ Type: _____ License # _____

I hereby certify that I am familiar with the model code and ordinances of the City of Newton which apply to the certification for which I am applying.

Signature: _____ Social Security #: _____ Date: _____

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 (For office use only)

REPORT OF EXAMINING BOARD

Examination taken _____
 Score _____
 Approved for License _____
Yes or No

Issued License # _____
 Date _____
 By _____

By: _____
Secretary, Examining Board