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? _____
Yes or No

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: _____ Issued License#: _____
Score: _____ Date: _____
Approved for License: _____ By: _____
Yes or No

By: _____
Secretary, Examining Board

*Applications with all supporting documentation may be emailed to contractor@newtonkansas.com

TradesApp