



APPLICATION FOR TRADE LICENSE

This application must be filled out completely and in detail and shall be on file with the Building Official.

Type of license for which you are applying:

- | | | |
|--|--|---|
| <input type="checkbox"/> Journeyman Electrician* | <input type="checkbox"/> Ducted Air Installer* | <input type="checkbox"/> Gas Pipe Installer |
| <input type="checkbox"/> Master Electrician | <input type="checkbox"/> Hood Installer* | <input type="checkbox"/> Fire Alarm |
| <input type="checkbox"/> Maintenance Electrician | <input type="checkbox"/> Journeyman Plumber*/Gas | <input type="checkbox"/> Fire Sprinkler Installer |
| <input type="checkbox"/> Master HVAC Installer* | <input type="checkbox"/> Master Plumber/Gas | <input type="checkbox"/> Fire Sprinkler Maintenance |
| <input type="checkbox"/> Residential HVAC Installer* | <input type="checkbox"/> Sewer and Water Installer | <input type="checkbox"/> Low Pressure Boiler |

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER _____

PRESENT EMPLOYER _____

ADDRESS OF EMPLOYER _____

Have you ever had a trade license revoked? _____ By whom? _____

And if so, give reasons: _____

Have you previously been examined for a trade license? _____

If so, state type and results of examination: _____

Was it approved? _____

Have you previously made an application for a City of Iowa City Trade License? _____

(over)

TRADE SPECIFIC EMPLOYMENT RECORDS
(Give previous and present employers and complete address.)

_____ EMPLOYER	_____ COMPLETE ADDRESS
DATES EMPLOYED: From _____	to _____
Type of Trade Related Work _____	

_____ EMPLOYER	_____ COMPLETE ADDRESS
DATES EMPLOYED: From _____	to _____
Type of Trade Related Work _____	

_____ EMPLOYER	_____ COMPLETE ADDRESS
DATES EMPLOYED: From _____	to _____
Type of Trade Related Work _____	

_____ EMPLOYER	_____ COMPLETE ADDRESS
DATES EMPLOYED: From _____	to _____
Type of Trade Related Work _____	

* **Prior to issuance of a License, applicant may be required to submit verification of three (3) years full-time experience as an apprentice plumber/electrician/HVAC installer with an established plumbing/electrical/HVAC company. This verification shall consist of a notarized letter from former employers or supervisors stating the nature of work performed, along with tax records or paycheck stubs for the time period being verified. Notarized letter from an established apprenticeship program verifying OJT hours.**

The foregoing statements are true and correct to the best of my knowledge and belief.

Signature of Applicant

Date