

**CITY OF JACKSON
TRADESMAN LICENSE/EXAM APPLICATION**

PLEASE INDICATE THE TYPE LICENSE YOU ARE APPLYING FOR (LIMIT ONE):

- | | | |
|---|---|---|
| <input type="checkbox"/> MASTER ELECTRICIAN | <input type="checkbox"/> GAS PIPE FITTER | <input type="checkbox"/> JOURNEYMAN GAS FITTER |
| <input type="checkbox"/> MASTER PLUMBER | <input type="checkbox"/> JOURNEYMAN ELECTRICIAN | <input type="checkbox"/> APPRENTICE ELECTRICIAN |
| <input type="checkbox"/> MASTER MECHANIC | <input type="checkbox"/> JOURNEYMAN PLUMBER | <input type="checkbox"/> APPRENTICE PLUMBER |
| <input type="checkbox"/> MASTER GAS | <input type="checkbox"/> JOURNEYMAN MECHANIC | <input type="checkbox"/> APPRENTICE MECHANIC |

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Home Telephone: (____) ____ - _____ Work Telephone: (____) ____ - _____

SOCIAL SECURITY NUMBER _____

LIST ANY LICENSES YOU CURRENTLY HAVE (DO NOT INCLUDE BUSINESS LICENSES)

NUMBER	TYPE	JURISDICTION
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DID YOU GRADUATE COLLEGE? YES NO **NUMBER OF YEARS ATTENDED** _____

MAJOR: _____

NAME OF COLLEGE OR UNIVERSITY: _____

PAST EMPLOYMENT/EXPERIENCE/TRAINING RELATED TO TRADE APPLIED FOR

NAME OF EMPLOYER	ADDRESS	POSITION	FROM	TO
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

REFERENCES (PLEASE PROVIDE 3 PEOPLE WHO ARE FAMILIAR WITH YOUR ABILITY)

NAME	ADDRESS	TELEPHONE NUMBER
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_____	_____	_____
_____	_____	_____
_____	_____	_____

REMARKS: _____

I hereby certify that all of the above information is true and furthermore that any misinformation may cause forfeiture of my right to take the exam and/or license.

SIGNATURE OF APPLICANT: _____ **DATE** _____

**** THIS SPACE FOR OFFICE USE ONLY ****

APPROVED DISAPPROVED BY: _____ DATE _____
OFFICIAL: ELECTRICAL PLUMBING GAS MECHANICAL

APPROVED DISAPPROVED BY: _____ DATE _____

DIRECTOR OF THE BUILDING AND HOUSING CODES DEPARTMENT