

City of Knoxville Board of Mechanical Examination, Review, Adjustments & Appeals Application of Mechanical License

All applicants shall pay \$30.00 at the time the application is submitted. This fee is non-refundable.

This application is part of your procedure and must be filled in completely and correctly. Any false statement may be used as a cause for disqualification. This application will not be accepted for the Board's consideration unless the letter/letters of recommendation list the appropriate years of experience for the license applied for.

NAME: _____
(Last) (First) (Middle)

ADDRESS: _____
(Address) (Apartment #)

CITY: _____ STATE: _____ ZIP: _____ PHONE NUMBER: _____
()

Social Security Number: _____

Schools Attended: Elementary: _____
(School Name) (Years)

High School: _____ College: _____
(School Name) (Years) (School Name) (Years)

Check Type of License Applied For: Based on Exam: _____ Reciprocal Request: _____

- | | |
|---|---|
| <input type="checkbox"/> Class A-Commercial Contractor
4 Years Minimum Experience
<input type="checkbox"/> Class C-Refrigeration Contractor
4 Years Minimum Experience
<input type="checkbox"/> Class E – Special Limited State License
RECIPROCAL ONLY | <input type="checkbox"/> Class B – Residential Contractor
4 Years Minimum Experience
<input type="checkbox"/> Class D – HVAC Sheet metal Contractor
4 Years Minimum Experience |
|---|---|

How many years have you worked in the mechanical trade: _____ (Years) From: _____ To: _____

State below the names of trade schools you have attended. In case of no attendance, write "NONE".

Name Of School	Address	Course Taken	Attendance Dates
1. _____			
2. _____			

Furnish below a record of your employment ending with your present employer. You must attach to this application documentation consisting of certification from employers and/or customers for whom work has been done and a description of the character of the work that was performed in each instance. Employment/work certification forms are provided with this application and must be distributed by the applicant to his references and then attached to the application. **All signatures on these forms and/or letters must be notarized.**

Name of Employer	Address	Kind Of Work Performed	Date Of Employment Month And Year
1. _____			From: _____ To: _____
2. _____			From: _____ To: _____
3. _____			From: _____ To: _____
4. _____			From: _____ To: _____

I certify that the foregoing statements are true and that if I am awarded a License as the result of this application process, if applicable, I will uphold and abide by all Rules and Regulations set forth in the International Mechanical Code of the City of Knoxville.

Signature of Applicant