

APPLICATION FOR HVAC JOURNEYMAN EXAM / APPRENTICE REGISTRATION

[ ] Apprentice {complete 1, 3, & 4 below} REG FEE \$25.00  
 [ ] Journeyman {complete 2, 3, & 4 below} EXAM FEE \$100.00  
 [ ] Traveler Journeyman {submit copy of documentation & complete 4 below} REG FEE \$100.00

PRINT LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SS# \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

EDUCATION	NAME	CITY	#YEARS
High School	_____	_____	_____
College	_____	_____	_____
Technical	_____	_____	_____

Years served as an apprentice \_\_\_\_\_ Apprenticeship served under \_\_\_\_\_ (company)

Name and location of apprenticeship school \_\_\_\_\_

**1. (APPRENTICE SHOULD COMPLETE THIS SECTION)**

Apprentice Course \_\_\_\_\_ Location \_\_\_\_\_ Years in Program \_\_\_\_\_  
 {If apprenticeship course if through the State Dept. of Labor, your DOL indenture papers must be submitted with this application}  
 Instructor's Signature \_\_\_\_\_ (must be notarized){Apprenticeship schooling certificates may be submitted with this application in lieu of instructor's signature} Sworn to and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 In the State of Ohio, County of \_\_\_\_\_ {notary public}  
 I am employed by \_\_\_\_\_ {print company name}  
 Contractor's Signature \_\_\_\_\_ {must be notarized} Printed name of Contractor \_\_\_\_\_  
 Sworn to and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in the State of Ohio, County of \_\_\_\_\_  
 \_\_\_\_\_ {notary public}

**2. (JOURNEYMAN SHOULD COMPLETE THIS SECTION)**

You must provide proof of 5600 hours work experience under licensed contractor in an approved program & 576 hours of approved schooling.  
 Contractor's signature under whom apprenticeship completed \_\_\_\_\_ (must be notarized)  
 (your signature verifies that applicant has completed required time for program)  
 Contractor's Name Printed \_\_\_\_\_ Sworn to and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_,  
 20\_\_\_\_ in the State of Ohio, County of \_\_\_\_\_ (notary public)

**3. APPRENTICE & JOURNEYMAN MUST COMPLETE THIS SECTION IF AFFILIATED WITH A UNION, DOL OR THACCA)**

Union Signature \_\_\_\_\_ Union Stamp or THACCA Signature \_\_\_\_\_ THACCA Stamp \_\_\_\_\_  
 Department of Labor Signature \_\_\_\_\_

**4. Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_**

YOU MUST COMPLETE THE EMPLOYMENT HISTORY SHEET ON THE REVERSE SIDE OF THIS APPLICATION. YOU MUST SUBMIT ALL DOCUMENTATION AT TIME OF APPLICATION (copies of all municipal licenses, contractor letters or proof of qualification). FEE MUST ACCOMPANY THIS APPLICATION. MAIL TO CITY OF TOLEDO, P.O. BOX 844, TOLEDO, OH 43697 OR HAND DELIVER TO ONE GOVT. CENTER., SUITE 1600 @ INTERSECTION OF JACKSON & ERIE STREETS.)

<b>OFFICE USE ONLY</b>	BOARD OF CONTROL	APPROVAL [ ]	DISAPPROVAL [ ]
REASON for disapproval _____			DATE _____
<b>TEST DATE</b> _____	<b>NO SHOW</b> _____	<b>PASSED</b> _____	<b>FAILED</b> _____

EMPLOYERS starting with most recent - NAME AND ADDRESS	From MO YR	To MO YR	Position and Nature of Work	Reason for Leaving

**References**

List three Persons or Business References, NOT RELATED TO YOU.

Name	Address	Phone Number	Occupation