

**CITY OF OMAHA
PLANNING DEPARTMENT
PERMITS & INSPECTION DIVISION**

FOR OFFICE USE ONLY

EXAMINER: _____

GRADE: _____

EXAM ID #: _____

DATE: _____

**APPLICATION FOR AIR CONDITIONING/
AIR DISTRIBUTION JOURNEYMAN LICENSE**

ACAD: _____ **SHEET METAL:** _____

COMMERICAL: _____ **RESIDENTIAL:** _____

NAME: _____ **DATE:** _____
(Please Print)

MAILING ADDRESS: _____
(Street) (City) (State) (Zip)

TELEPHONE NUMBER: _____

CURRENT EMPLOYER: _____
(Name) (Address) (Phone #)

(Position Held) (Supervisor's Name) (Years Employed)

EDUCATION/COLLEGE DEGREES:

NAME OF SCHOOL: _____ **DATES ATTENDED:** _____

(Attach copies of degree or transcripts.)

TRADE SCHOOL/APPRENTICESHIPS:

NAME OF SCHOOL: _____ **DATES ATTENDED:** _____

(Attach copies of completion certificates or transcripts.)

LICENSES OR CERTIFICATES FROM OTHER JURISDICTIONS:

LICENSE: _____ **JURISDICTION:** _____ **DATES RECEIVED:** _____

(Please attach copies of licenses or certificates.)

WORK EXPERIENCES/REFERENCES:

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|---------------------------------------|-----------------------------|
| PLACE OF BUSINESS: | DATES OF EMPLOYMENT: |
| CONTACT PERSON: | PHONE: |
| JOB TITLE AND JOB DESCRIPTION: | |
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| PLACE OF BUSINESS: | DATES OF EMPLOYMENT: |
| CONTACT PERSON: | PHONE: |
| JOB TITLE AND JOB DESCRIPTION: | |
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| PLACE OF BUSINESS: | DATES OF EMPLOYMENT: |
| CONTACT PERSON: | PHONE: |
| JOB TITLE AND JOB DESCRIPTION: | |
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| PLACE OF BUSINESS: | DATES OF EMPLOYMENT: |
| CONTACT PERSON: | PHONE: |
| JOB TITLE AND JOB DESCRIPTION: | |
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WORK EXPERIENCES/REFERENCES CONT:

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|---------------------------------------|-----------------------------|
| PLACE OF BUSINESS: | DATES OF EMPLOYMENT: |
| CONTACT PERSON: | PHONE: |
| JOB TITLE AND JOB DESCRIPTION: | |
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- 1.) If the employer you listed in "Work Experiences/References" is "out of business", you must provide check receipts or W2 information to substantiate your position at the time of employment and your length of employment. Please omit all financial and/or personal information.
- 2.) If you list "self-employment" in "Work Experiences/References", you must provide a detailed list of your on the job work experiences showing the dates of work while operating your business. They can be in the form of billing invoices, letters from customers or suppliers.

WORK HISTORY:

(Please provide details of work history pertaining to the practical installation of air conditioning/air distribution systems.)

**I grant permission to a Permits & Inspections representative to contact previous employers and/or references listed herein for the purpose of verifying any and all information submitted.
I understand that submitting false information is grounds for having my license revoked.**

(Applicant's Signature)

(Date)

Application Approved (Board Members)

