



GAS HEATING MECHANIC LICENSE APPLICATION

Department of Development Services
Spokane City Hall, 3rd Floor
808 W Spokane Falls Boulevard
Spokane WA 99201-3343

Phone: (509) 625-6300
PermitTeam@SpokaneCity.org
my.spokanecity.org

Application for Examination

Part 1: Applicant Information

First Name: _____ MI: _____ Last Name: _____
Street Address: _____ Phone #: _____
City: _____ State: _____ Zip: _____
Email Address: _____

Part 2: License Type

Gas Heating Mechanic I
Gas Heating Mechanic II

Licenses expire on December 31st of each year and can be renewed with an account on the City of Spokane Online Permit System which can also be used to apply for this exam.

Part 3: Education

Please print the NAME and LOCATION of schools attended

High School: _____ Years Attended: _____
College: _____ Years Attended: _____
Trade School: _____ Years Attended: _____

Part 4: Work Experience

Please identify applicable licenses, certifications, and/or any other directly related experience

Exams are proctored by the Northwest HVAC/R Association Training Center at 204 E Nora Ave.

Exams can be scheduled by emailing them at staff@inwhvac.org

Part 5: Oath of Application

I CERTIFY UNDER OATH that the license/examination fee will be paid with the submittal of this application; that I understand the fee is non-refundable; that I understand the exam must be taken within 180 days or my application will expire and I will have to pay the fees again to take the test; that I understand 30 days must elapse before I can repeat this test should I not pass; and that all statements I have made herein are true and complete to the best of my knowledge and belief.

Applicant's Signature: _____