



GAS HEATING MECHANIC LICENSE APPLICATION

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

Phone: (509)625-6300
 Fax: (509)625-6822
www.buildingspokane.org

Application for Examination

Fee: \$24.00

Part 1: Applicant Information

First Name: _____ MI: ____ Last Name: _____

Street Address: _____ Home Phone: _____

_____ Cell Phone: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Part 2: License Type

Gas Heating Mechanic I (\$36) Oil Burner Servicer/Installer (\$36)

Gas Heating Mechanic II (\$48) *(annual license fees as of 2010 in parenthesis)*

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

Part 5: Oath of Application

I CERTIFY UNDER OATH that at submittal of application I will have paid the examination fee which I understand cannot be refunded; that I understand upon passing the exam, the applicable license fee must be paid within 180 days or my application will expire and I will have to retake the test; that I understand 90 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: _____

Office Use Only	
License # :	
Written Score:	
Oral Score:	
Total Score:	
Pass/Fail:	
Test Date	
Examiner:	