

**APPLICATION FOR CITY OF NEWTON, KANSAS
CERTIFICATION / LICENSE**

I, the undersigned, hereby make application for a City Certification as follows:

NAME: _____ EMPLOYER: _____

ADDRESS: _____ ADDRESS: _____

PHONE: _____ PHONE: _____

CHECK ONE: PLUMBER ELECTRICIAN MECHANICAL INSTALLER

Master _____ _____ _____

Journeyman _____ _____ _____

EXPERIENCE IN FIELD: (Verification of experience is required)

Employer & Address	Position Held	Period of Employment

Do you hold a current Certification in any City? _____
Yes or No

If so, City: _____ State: _____ Type: _____ License #: _____

I hereby certify that I am familiar with the model code and ordinances of the City of Newton which apply to the certification for which I am applying.

Signature: _____ Date: _____

(For office use only)

REPORT OF EXAMINING BOARD

Examination taken: _____
Score: _____
Approved for License: _____
Yes or No

Issued License#: _____
Date: _____
By: _____

By: _____
Secretary, Examining Board