

**APPLICATION FOR
MECHANICAL CONTRACTOR'S LICENSE
CLASS II
CITY OF OAK RIDGE TRADE LICENSING BOARD**

EXAM RESULTS _____

DATE _____

Attention Applicant: This application is a part of your examination procedure, and it must be filled in completely and correctly. Any false statement may be considered a cause for disqualification.

NAME: _____
Last
First
Middle Initial

HOME ADDRESS: _____
Number & Street

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE NUMBERS: (Business) _____ **(Residence)** _____

How long have you been working in the mechanical industry and what kind of work have you done?
 Please check appropriate boxes and enter dates:

- Commercial** From: Month/Year _____ To: Month/Year _____
- Residential** From: Month/Year _____ To: Month/Year _____
- Industrial** From: Month/Year _____ To: Month/Year _____

List below the names of trade/certified schools you have attended. If you have not attended any schools, enter "NONE" in the space provided.

	Name of School	Location	Course Taken	Month/Year
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

The Trade Licensing Board has my permission to contact my former and present employers
Yes _____ **No** _____ If you answer is no, please explain.

I have previously taken a proctored electrical certification/licensing examination and scored 70% or higher within the last two years. **Yes** _____ **No** _____

Place Tested _____ Score _____

Exam No. _____ Type Test _____

I certify that the foregoing statements are true and that if I am granted a mechanical license as a result of this examination, I will abide by all rules and regulations set forth in the Mechanical Code of the City of Oak Ridge.

SIGNATURE OF APPLICANT: _____

**Per Section 12-308
CODE OF ORDINANCES FOR THE CITY OF OAK RIDGE**

Subject to the authority of the Board to set higher standards with City Council approval, the following minimum standards and qualifications shall be met before the Board recommends license approval as required by this Division:

Class II Residential Mechanical Contractor's License. The applicant must establish a regular ongoing place of business, obtain a current City business license, or have an active business license in another city, be a person, firm or corporation, other than a Class I Mechanical Contractor's license holder, who engages in the actual installation Of mechanical equipment in residential dwellings not exceeding three (3) stories, who has at least four (4) years total full-time experience in the mechanical craft, have obtained a passing score on the written examination required by Section 12-1410, must show honesty and integrity in former dealings with the public as demonstrated by at least three (3) favorable work references from former clients or employers, and progressing back to cover a four year period. The applicant must have and keep current the insurance specified in Section 12-1311.

Furnish a **complete** history of your full-time employment in the mechanical field. When listing your work experience, give the **month** and **year** of employment with each employer. **Give the current addresses of past employers, including street address, state, zip code, and telephone numbers.**

RECORD OF EMPLOYMENT

EMPLOYER: _____ TOTAL MONTHS OF EMPLOYMENT: _____
EMPLOYED FROM: (Month/Year) _____ TO: (Month/Year) _____
ADDRESS: _____ PHONE: _____
CITY: _____ STATE: _____ ZIP CODE: _____
PROVIDE A LIST OF DUTIES YOU PERFORMED IN THE MECHANICAL CRAFT WHILE EMPLOYED BY THE ABOVE:

EMPLOYER: _____ TOTAL MONTHS OF EMPLOYMENT: _____
EMPLOYED FROM: (Month/Year) _____ TO: (Month/Year) _____
ADDRESS: _____ PHONE: _____
CITY: _____ STATE: _____ ZIP CODE: _____
PROVIDE A LIST OF DUTIES YOU PERFORMED IN THE MECHANICAL CRAFT WHILE EMPLOYED BY THE ABOVE:

EMPLOYER: _____ TOTAL MONTHS OF EMPLOYMENT: _____
EMPLOYED FROM: (Month/Year) _____ TO: (Month/Year) _____
ADDRESS: _____ PHONE: _____
CITY: _____ STATE: _____ ZIP CODE: _____
PROVIDE A LIST OF DUTIES YOU PERFORMED IN THE MECHANICAL CRAFT WHILE EMPLOYED BY THE ABOVE:

EMPLOYER: _____ TOTAL MONTHS OF EMPLOYMENT: _____
EMPLOYED FROM: (Month/Year) _____ TO: (Month/Year) _____
ADDRESS: _____ PHONE: _____
CITY: _____ STATE: _____ ZIP CODE: _____
PROVIDE A LIST OF DUTIES YOU PERFORMED IN THE MECHANICAL CRAFT WHILE EMPLOYED BY THE ABOVE:

IF ADDITIONAL ROOM IS NEEDED, PLEASE ATTACH ANOTHER SHEET.