DEPARTMENT OF SAFETY AND INSPECTIONS
Ricardo X. Cervantes, Director

CITY OF SAINT PAUL
Christopher B. Coleman, Mayor

375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101-1806

Telephone: 651-266-8989
Facsimile: 651-266-9124
Web: www.stpaul.gov/dsi

CERTIFICATE OF COMPETENCY APPLICATION FOR EXAMINATION

(Circle the Trade under the Appropriate Level)

MASTER LEVEL (Fee $82.50)

REFRIGERATION STEAM/HOT WATER GASFITTER OIL BURNER VENTILATION WARM AIR PLASTER/STUCCO

JOURNEY LEVEL (Fee $55.00)

REFRIGERATION STEAM/HOT WATER GASFITTER OIL BURNER VENTILATION/WARM AIR PLASTER/STUCCO

IMPORTANT! PRINT LEGIBLY OR TYPE!

I,_____ DESIRE TO OBTAIN A CERTIFICATE OF COMPETENCY IN THE TRADE OR CRAFT AS CIRCLED ABOVE AND HEREWITH APPLY. I HAVE FULFILLED ALL PREREQUISITES AS TO STATE LICENSE, AGE, EXPERIENCE AND/OR APPRENTICESHIP. I HAVE PAID THE REQUIRED EXAMINATION FEE WHICH IS NOT REFUNDABLE. IT IS UNDERSTOOD AND AGREED THAT SIX (6) MONTHS MUST ELAPSE BEFORE I CAN REPEAT THIS EXAMINATION AND THAT ALL RULES, REGULATIONS AND DECISIONS OF THE BOARD SHALL GOVERN IN ALL CASES.

Home Address_____ City _____ State _____ Zip_____

Home Phone + Area Code: _____ Date of Birth: _____

E-mail: _____

Present Employer Name: _____

Employer Address: _____ City _____ State_____ Zip _____

Employer Phone with Area Code: _____

EXPERIENCE IN THIS TRADE OR CRAFT: (***Please be specific***)

_____

_____

_____

I am an Apprentice registered with MN Department of Labor and Industry under agreement number _____

I have worked at the above designated trade for: _____ Years _____Months

I am the holder of: _____License No. _____ Date_____

_____License No. _____ Date_____

_____License No. _____ Date_____

I solemnly swear that the agreements are true to the best of my knowledge and belief and affix my signature to attest thereto.

Signature _____ ***Date*** _____

APPLICATION MUST BE SUBMITTED THIRTY (30) DAYS PRIOR TO DATE OF EXAM

ALL APPLICANTS FOR EXAMINATION MUST HAVE VOUCHERS SIGNED AS FOLLOWS:

ALL TRADES

Master Applicants: Vouchers 1 & 2 Journeyman Applicants: Voucher 3

Applicant's Name: _____

MASTER VOUCHER #1 FOR MASTER APPLICANTS ONLY

STATE OF MINNESOTA
COUNTY OF _____

Subscribed and sworn to me this day

_____

I, the undersigned Master Installer of the classification heretofore mentioned, swear that I have personally known _____ for_____ years, that he/she has worked in my employ and under my direct supervision in this trade for ___ years. The applicant is a competent journeyman. I have read the above statements and believe them to be true.

_____ _____

Notary Public Master's Signature Certificate #

MASTER VOUCHER #2 FOR MASTER APPLICANTS ONLY

STATE OF MINNESOTA
COUNTY OF _____

Subscribed and sworn to me this day

_____

I, the undersigned Master Installer of the classification heretofore mentioned, swear that I have personally known _____ for_____ years, that he/she has worked in my employ and under my direct supervision in this trade for ___ years. The applicant is a competent journeyman. I have read the above statements and believe them to be true.

_____ _____

Notary Public Master's Signature Certificate #

_____

Print Master's Full Name Above

VOUCHER #3 FOR JOURNEYMAN APPLICANTS ONLY

STATE OF MINNESOTA
COUNTY OF _____

Subscribed and sworn to me this day

_____

I, the undersigned Master Installer of the classification heretofore mentioned, swear that I have personally known _____ for_____ years, that I have read the above statements and believe them to be true. The applicant has received on-the-job and related training as provided by: _____

_____ _____

Notary Public Master's Signature Certificate #

_____

Print Master's Full Name Above

RECORD OF EDUCATION

NAME OF SCHOOL, APPRENTICESHIP PROGRAM OR SPECIAL COURSE	COURSE OF STUDY	YEARS COMPLETED	DATES TO/FROM	DID YOU GRADUATE?	DEGREE OR DIPLOMA

Note: Credit not given for special courses unless written description of course content from the institution is attached to this application.

RECORD OF EMPLOYMENT

List related work experience starting with the most recent employer, be specific.

NAME, ADDRESS AND PHONE NUMBER OF EMPLOYER	WHERE AND WHAT TYPE OF WORK WAS PERFORMED	LENGTH OF EMPLOYMENT	FROM MO./YR.	TO MO./YR.

(If additional space is needed, use next page of application)

_____

APPLICANT SIGNATURE

NAME, ADDRESS AND PHONE NUMBER OF EMPLOYER	WHERE AND WHAT TYPE OF WORK WAS PERFORMED	LENGTH OF EMPLOYMENT	FROM MO./YR.	TO MO./YR.

_____

APPLICANT SIGNATURE

CONTAINS NONPUBLIC DATA

Please Type or Print In Ink

CITY OF SAINT PAUL
Department of Safety & Inspections
375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101-1806
(651) 266-8989 Fax (651) 266-9124
www.stpaul.gov/dsi

Name: _____

Home Street Address: _____

City, State, Zip: _____

Home Phone: _____

TAX IDENTIFICATION NUMBER

Minnesota Statutes section 270C.72 requires licensing authorities to collect a tax identification number for each license applicant.

This data will be provided to the Minnesota Department of Revenue for tax administration purposes and may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes. Refusal to provide a tax identification number will result in denial of your license application. Under the Federal Exchange of Information Agreement, the Department of Revenue may also supply this information to the Internal Revenue Service.

More information can be obtained from the Minnesota Department of Revenue at 651-296-6181 or www.revenue.state.mn.us.

Social Security Number: _____

PAYMENT INFORMATION

You must pay all applicable fees when submitting your exam application. You may pay by cash, check or credit card. Account information will be used to process your payment, either by the City or a third-party service provider. The City will not share nonpublic account information with other individuals or agencies unless required to do so by a court or other competent authority.

CREDIT CARD PAYMENT

☐ **American Express** ☐ **Discover** ☐ **MasterCard** ☐ **Visa**				**Expiration Month/Year ►►**							**Security Code ►►**						
Enter Account Number ►																	

Signature of Cardholder (required for all charges): _____

If paying by credit card, the above must be fully completed and signed then the entire application faxed to 651-266-9124.
If paying by check, make checks payable to the "City of St. Paul" and mail with the completed application.

ANY FALSIFICATIONS OF ANSWERS GIVEN OR MATERIAL SUBMITTED WILL RESULT IN DENIAL OF THIS APPLICATION

I have read and understand this document and provided complete, correct, and truthful information as requested.

_____ _____

Signature (REQUIRED for all applications) Date