

CITY OF SAINT PAUL

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 www.stpaul.gov/dsi

Application for the Competency Examination for Concrete Masonry and Cement Finishing

I,	<i>examination ap</i> ency in the fo	, do he <i>plicant)</i> llowing designated trade	erewith apply f	for the exami	nation			
Place a checkmark (in the applicable box the right		Master Cement Finisher		□ Journeyp □ Journeyp] Journeyperson Concrete Mason] Journeyperson Cement Finisher] Journeyperson Conc.Mas./Cem.Fin			
verification for these pr fee is not refundable. I a	erequisites with lso understand t	cation, experience and/or app n this application . I have pai hat all rules, regulations and Steve Ubl, 651-266-9021, to	d the required ex decisions of the b	amination fee.	I understar	nd that the exa	amination	
		the Minnesota Departm						
		he City of Saint Paul as	• • •		-			
Home Address:								
City:			State: Zip:					
Home Telephone#: ()	Other	Telephone#:	()				
Employment Recor	d: (If addition	nal space is required, ple	ase use the ba	ck of this app	lication f	form)		
List employers below in reverse chronological order	N	ame of Employer	Job Titl	Total Hours	Dates Employed			
			500 110	Worked	From	То		
Current Employer								
Previous Employer								
Previous Employer								

All examination applicants must submit the following to our office:

- The completed application form,
- Payment of the examination fee, and

Journeyperson examination applicants must submit at least one of the following:

- The completed "Affidavit of Work History" signed by the supervising Master Mason, or
- A Certificate of Completion of a Masonry or Finishing Apprenticeship program recognized by the Minnesota Department of Labor and Industry.

Master examination applicants must submit both of the following:

- The completed "Affidavit of Work History" signed by the supervising Master Mason, and •
- Proof of journeyman certification in the trade category for which master certification is intended.

I attest by my signature that follows that the information herein provided is true and accurate.

Signature of Applicant: _____ Date: _____