



Please return to:  
 City of Omaha Planning Department  
 Planning Department  
 Permits & Inspections Division  
 1819 Farnam Street Suite 1110  
 Omaha, NE 68183

<b>For Office Use Only:</b>
<b>Examiner:</b> _____
<b>Grade:</b> _____
<b>Exam ID #:</b> _____
<b>Date:</b> _____

**AIR CONDITIONING/AIR DISTRIBUTION EXAMINATION APPLICATION**

<input type="checkbox"/> Master (Mark one below)  <input type="checkbox"/> Commercial <input type="checkbox"/> Residential	<input type="checkbox"/> Journeyman
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**The application deadline is 2 weeks prior to the first Tuesday of the month.**

Please list your full legal name. Include "Jr.", "Sr.", and "III" as appropriate.

Name: (Last)		(First)	MI
Address:			
City:	State:	Zip:	
Phone (required):	Email (required):		

Current Employer:

Company Name:			
Address:			
City:	State:	Zip:	
Phone (required):	Email (optional):		
Position:	Supervisor's Name:	Years Employed:	

**Education Information:**

School Attended	Year Attended	Class Hours
<b>Total Hours</b>		

**Please provide proof of school attendance (transcripts). Your proof of schooling MUST include the total number of classroom hours that you completed.**

**Please submit copies of any current or expired licenses you have from this or other jurisdictions.**

<b>License #1</b> Issued by (City/State)	Date Issued:
Qualifications to take the exam:*	
Test criteria **	
<b>License #2</b> Issued by (City/State)	Date Issued:
Qualifications to take the exam:*	
Test criteria **	
<b>License #3</b> Issued by (City/State)	Date Issued:
Qualifications to take the exam:*	
Test criteria **	

**\*Qualifications would be number of years of apprenticeship (on the job training) and if any organized instruction related to the air conditioning/air distribution trade (list years/hours and school).**

**\*\*Test criteria would be the number of written questions, was it required to draw an air conditioning/air distribution system and was there a practical portion of the test. Was the test an open book?**

**Names and Addresses of Current & Previous Employers:** (Provide additional information on the back of this form)

1. If the employer you list below is “out of business,” you must provide check receipts or W2 information to substantiate your position at the time of employment and your length of employment. Please omit all financial and/or personal information.
2. If you list “self-employment,” you must provide a detailed list of your on the job work experiences showing the dates of work while operating your business. They can be in the form of billing invoices or letters from customers or suppliers.

Employer:		
Address:		
City:	State:	Zip:
Contact Person:	Phone (required):	
Employed From:	To:	

Employer:		
Address:		
City:	State:	Zip:
Contact Person:	Phone (required):	
Employed From:	To:	

Employer:		
Address:		
City:	State:	Zip:
Contact Person:	Phone (required):	
Employed From:	To:	

**On the Job Hours**

	Year	Year	Year	Year	Year	Year
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
Total by Year						

**Please provide proof of employment. This may be done by notarized letter on company letterhead, which lists the total number of hours worked per year.**

**All applications for examination must include the application fee. No application will be processed without the application fee.**

Application fee for Journeyman is \$25.00.

Application fee for Master is \$25.00.

Applicant Signature

Date

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Board Member Signature

Date

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Board Member Signature

Date

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Board Member Signature

Date

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Board Member Signature

Date

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Board Member Signature

Date

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 If you wish to pay by credit card please complete the following form.

I authorize the City of Omaha to charge my account for the attached fees.			
Name on credit card:		<input type="checkbox"/> The company is paying <input type="checkbox"/> The applicant is paying	
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD	Card Number:	Expiration Date:	Security Code:
Billing Address:			City/State/Zip:
Signature	Print Name		Date