



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

For Office Use Only:	
Examiner:	_____
Grade:	_____
Exam ID #:	_____
Date:	_____

AIR CONDITIONING/AIR DISTRIBUTION RECIPROCATION APPLICATION

<input type="checkbox"/> Master (Mark one below) <input type="checkbox"/> Commercial <input type="checkbox"/> Residential	<input type="checkbox"/> Journeyman
--	-------------------------------------

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:

Please submit copies of any current or expired licenses you have from this or other jurisdictions.
Please submit documentation of the scores for the tests taken.

License Issued by (City/State):	License Type Received:
Date of Exam:	Exam Score:
Type of Exam Taken:	

License Issued by (City/State):	License Type Received:
Date of Exam:	Exam Score:
Type of Exam Taken:	

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

Board Member Signature

Date

Board Member Signature

Date

Board Member Signature

Date

Board Member Signature

Date

Board Member Signature

Date

 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