



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 REINSTATEMENT APPLICATION

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

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: |

Continuing Education

| Instructor | Course Name | Course Number | Date of Course |
|------------|-------------|---------------|----------------|
| | | | |
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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 | |