



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 #: _____
Remarks: _____

Application for Re-Examination for Certificate of Competency

This is due one week before the test date on the first Thursday of the month.

I hereby make re-application for a Certificate of Competency for:

Stationary Engineer _____ Grade

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

I certify that I am more than 18 years of age.

Current Employer:

Company Name:		
Complete Address:		
Phone (required):	Email (optional):	
Positon:	Supervisor's Name:	Years Employed:

Date of exam last taken: _____

I certify that all information above is complete and accurate. I understand that all information requested above **must** be supplied prior to testing.

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"/> I am paying my fee. <input type="checkbox"/> My employer is paying my fee.	
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD	Card Number:	Expiration Date:	Security Code:
Billing Address:			City/State/Zip:
Signature	Print Name	Date	