

APPLICATION FOR REFRIGERATION EXAMINATION / REGISTRATION

[] Apprentice {complete 1, 3 & 4 below}

REGISTRATION FEE \$25.00

[] Journeyman {complete 2, 3, & 4 below}

EXAM FEE \$100.00

[] Traveler Journeyman (submit proper documentation & complete 4 below)

REGISTRATION FEE \$100.00

PRINT LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ SS# _____ PHONE () _____

<u>EDUCATION</u>	<u>NAME</u>	<u>CITY</u>	<u># YEARS</u>
High School _____	_____	_____	_____
College _____	_____	_____	_____
Technical _____	_____	_____	_____
Years served as an apprentice _____ Apprenticeship served under _____ (company name)			
Name and location of apprenticeship school _____			

1. (APPRENTICE SHOULD COMPLETE THIS SECTION)

Apprentice Course _____ Location _____ Years in Program _____
 (If apprenticeship course is through the State Dept. of Labor, your DOL indenture papers must be submitted with this application)

Instructor's Signature _____ (must be notarized) (Apprenticeship schooling certificates may be submitted with this application in lieu of instructor's signature). Sworn to and subscribed to before me this _____ day of _____, 20__ in the State of Ohio, County of _____.
 _____ (notary public)

I am employed by _____ (print company name)

Contractor's Signature _____ (must be notarized) Printed name of Contractor _____
 Sworn to and subscribed to before me this _____ day of _____, 20__, in the State of Ohio, County of _____.
 _____ {notary public}

2. (JOURNEYMAN SHOULD COMPLETE THIS SECTION)

You must provide proof of 5600 hours work experience under licensed contractor in an approved program & 576 hours of approved schooling.

Contractor's signature under whom apprenticeship completed _____ {must be notarized}
 {your signature verifies that applicant has completed required time for program.}

Contractor's Name Printed _____ Sworn to and subscribed to before me this _____ day of _____, 20__ in the State of Ohio, County of _____.
 _____ {notary public}

3. (APPRENTICE & JOURNEYMAN MUST COMPLETE THIS SECTION IF AFFILIATED WITH A UNION, DOL OR THACCA)

Union Signature _____ Union Stamp or THACCA Signature _____ THACCA Stamp _____

Department of Labor Signature _____

4. Applicant's signature _____ Date _____

YOU MUST COMPLETE THE EMPLOYMENT HISTORY SHEET ON THE REVERSE SIDE OF THIS APPLICATION. YOU MUST SUBMIT ALL DOCUMENTATION AT TIME OF APPLICATION {copies of all municipal licenses, contractor letters or proof of qualification}. FEE MUST ACCOMPANY THIS APPLICATION. MAIL TO PO BOX 844, TOLEDO, OH 43697 OR HAND DELIVER TO ONE GOV. CTR. SUITE 1600 @ INTERSECTION OF JACKSON AND ERIE STREETS.

OFFICE USE ONLY	BOARD OF CONTROL	APPROVAL []	DISAPPROVAL []	DATE _____
REASON for disapproval _____				
TEST DATE _____	NO SHOW _____	PASSED _____	FAILED _____	

EMPLOYERS starting with most recent - NAME AND ADDRESS	From MO YR	To MO YR	Position and Nature of Work	Reason for Leaving

References

List three Persons or Business References, NOT RELATED TO YOU.

Name	Address	Phone Number	Occupation