

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 ()

Table with 4 columns: EDUCATION, NAME, CITY, # YEARS. Rows include High School, College, Technical, and Apprenticeship details.

1. (APPRENTICE SHOULD COMPLETE THIS SECTION) Apprentice Course, Location, Years in Program, Instructor's Signature, Sworn to and subscribed to before me this day of 20 in the State of Ohio, County of.

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.

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