

# CITY OF FARGO

## APPLICATION FOR HEATING EXAMINATION

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Employer: \_\_\_\_\_

A total of three (3) years of experience is necessary to take the exam. State your résumé of experience. Trade school time is accepted.

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Check examination to be taken:

This space to be filled in by examiner

MASTER ( )

JOURNEYMAN ( )

RECIPROCITY ( )

GRADE	PASSED	FAILED

Exam fee \$ \_\_\_\_\_

Date Paid \_\_\_\_\_

Receipt \_\_\_\_\_

Exam date \_\_\_\_\_

Signed \_\_\_\_\_

Title \_\_\_\_\_

This is an application to take the Heating Exam(s) checked above and is not an application for a Heating License.

APPLICANT: \_\_\_\_\_