

Exam Sponsorship Application

Planning & Development Services | Building Safety Division

www.lawrenceks.org/pds/building-safety

**Please enclose \$50.00 application fee with completed application.
Checks may be made payable to City of Lawrence.**

Type of Exam Applying For:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Class A Contractor | <input type="checkbox"/> Residential Electrician | <input type="checkbox"/> Residential A/C | <input type="checkbox"/> Journeyman Plumber |
| <input type="checkbox"/> Class B Contractor | <input type="checkbox"/> Journeyman Electrician | <input type="checkbox"/> Journeyman Sheet Metal | <input type="checkbox"/> Master Plumber |
| <input type="checkbox"/> Class C Contractor | <input type="checkbox"/> Master Electrician | <input type="checkbox"/> Journeyman Unlimited A/C | |
| <input type="checkbox"/> Class D Concrete | <input type="checkbox"/> Class D Framing | <input type="checkbox"/> Master Unlimited A/C | |

Applicant Name (Print): _____

Address: _____

Phone: _____ Cell: _____

Email Address: _____

Enclose copies of your union card, apprenticeship card, or other trade licenses. Employment listed should be of thirty (30) days or more duration. Please list the most current information first. Incomplete or illegible applications will be denied. Please provide a minimum of seven (7) business days for processing.

Requirements:

- Residential Exam – List a minimum of two (2) years' employment.
- Journeyman Exam – List a minimum of two (2) years' employment.
- Masters Exam – List a minimum of four (4) years employment, two (2) as a journeyman.
- Class A Contractor Exam – List a minimum of six (6) years' employment, or ten (10) as a Class B Contractor.
- Class B Contractor Exam – List a minimum of four (4) years' employment, or six (6) as a Class C Contractor.
- Class C Contractor Exam – List a minimum of two (2) years' employment, or four (4) as a Class D Contractor.
- Class D Contractor Exam – List a minimum of two (2) years' employment.

From: _____ To: _____ Total Years: _____ Months: _____

Employer: _____

Verify by calling: _____

Phone Number: _____

Duties: _____

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Employer: _____

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Duties: _____

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Employer: _____

Verify by calling: _____

Phone Number: _____

Duties: _____

Education – List relevant college, vocational, or trade education:

Name of School: _____

Address: _____

Field of Study: _____

Graduated: Yes No

I certify that all statements made in this application are true and I understand that any false statements on this application shall be considered sufficient cause for disqualification.

Applicant Signature: _____ Date: _____

Office Use Only

Paid

Date: _____

Reviewed By: _____

Approved

Staff Initials: _____

Date: _____

Disapproved