



EXAM SPONSORSHIP APPLICATION

*Please enclose \$50 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"/> Master Unlimited A/C | |
| <input type="checkbox"/> Class D Framing | | | |

Name: _____				
Address: _____				
Address	City	State	Zip Code	
Phone No.: _____		Cell Phone No.: _____		
E-mail Address: _____		Social Security Number: _____		

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 allow 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

Employed From: _____ To: _____ (Total) _____

Employer: _____

Address: _____

Phone: _____

Duties: _____

Employed From: _____ To: _____ (Total) _____

Employer: _____

Address: _____

Phone: _____

Duties: _____



City of Lawrence
PLANNING & DEVELOPMENT SERVICES

Building Safety Division
PO Box 708
1 Riverfront Plaza, Suite 110
Lawrence, Kansas 66044
p. (785) 832-7700
f. (785) 832-3110
www.lawrenceks.org/pds
buildinginspections@lawrenceks.org

Employed From: _____ To: _____ (Total) _____
Employer: _____
Address: _____
Phone: _____
Duties: _____

Employed From: _____ To: _____ (Total) _____
Employer: _____
Address: _____
Phone: _____
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.

Date _____ Signature _____

Office Use Only			
<input type="checkbox"/> Paid	Date: _____	Receipt #: _____	Staff Initials: _____
Reviewed By: _____	Date: _____	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved