



APPLICATION PROVIDED TO SHEET METAL SYSTEMS BOARD: _____

For internal purposes only

CITY OF ALLENTOWN ORDINANCE # 1710

PLEASE PRINT OR TYPE CLEARLY

PICK ONE EXAM DATE AND PLACE AN "X" IN THE BOX TO THE RIGHT OF THE DATE

APPLICATION DEADLINE: January 24, 2020 EXAM: February 14, 2020		APPLICATION DEADLINE: July 24, 2020 EXAM: August 7, 2020	
APPLICATION DEADLINE: April 24, 2020 EXAM: May 9, 2020		APPLICATION DEADLINE: October 23, 2020 EXAM: November 14, 2019	

LICENSE NUMBER: _____ PERMIT NUMBER: _____

ATTACH PROOF OF ENROLLMENT IN AN APPRENTICE PROGRAM

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

EMAIL ADDRESS: _____

CERTIFICATION TYPE

*PLACE AN "X" ON THE LINE NEXT TO THE TYPE OF CERTIFICATION FOR WHICH YOU ARE APPLYING
CERTIFICATION FEES ARE NON-REFUNDABLE WITHOUT SHEET METAL LICENSING BOARD APPROVAL*

SHEET METAL SYSTEMS TECHNICIAN LICENSE: _____ \$180.00

SHEET METAL SYSTEMS APPRENTICE PERMIT: _____ \$90.00

EMPLOYMENT INFORMATION

EMPLOYER'S NAME: _____ YEARS OF SERVICE: _____

COMPANY NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

OTHER CURRENT SHEET METAL SYSTEM LICENSES HELD
IF ADDITIONAL SPACE IS NEEDED, ATTACH A SHEET TO THE APPLICATION

1. _____ 3. _____

2. _____ 4. _____

IMPORTANT: Before a permit can be issued, the applicant shall furnish a Certificate of Insurance (Workmen's Compensation, Bodily Injury, Property Damage), unless a Certificate of Insurance is currently on file with the City of Allentown, Bureau of Building Standards and Safety.

EDUCATION

IF ADDITIONAL SPACE IS NEEDED PLEASE ATTACH A SHEET TO THE APPLICATION

HIGH SCHOOL: _____ **YEAR GRADUATED:** _____

COLLEGE: _____ **YEAR GRADUATED:** _____

TECHNICAL SCHOOL/S: _____ **YEAR GRADUATED:** _____

_____ **YEAR GRADUATED:** _____

PRACTICAL EXPERIENCE AND/OR APPRENTICE PROGRAMS: _____

APPLICATION STATEMENT

I WILL ABIDE BY ALL CODES AND ORDINANCES OF THE CITY OF ALLENTOWN

If granted a Sheet Metal Systems License or Apprentice Permit under this application:

- 1. I will NOT permit the use of my license by any other firm or person.**
- 2. I WILL file applications for permits according to the provisions of the State of Pennsylvania Uniform Construction Code, City of Allentown, PA.**

THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

DATE: _____

APPLICANT'S SIGNATURE

DATE: _____

NOTARY

MAIL COMPLETED APPLICATION AND PAYMENT TO THIS ADDRESS

**CITY OF ALLENTOWN, BUREAU OF BUILDING STANDARDS & SAFETY - INSPECTIONS DIVISION
435 HAMILTON STREET, ROOM 428
ALLENTOWN, PA 18101-1699**

Check or money order payable to the "CITY OF ALLENTOWN"