



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.
You MUST submit a copy of your Driver's License or a legal document with your picture on it.**

APPLICATION DEADLINE: Friday, January 23, 2026 EXAM: Friday, February 06, 2026		APPLICATION DEADLINE: Friday, July 24, 2026 EXAM: Friday, August 07, 2026	
APPLICATION DEADLINE: Friday, April 24, 2026 EXAM: Saturday, May 09, 2026		APPLICATION DEADLINE: Friday, October 30, 2026 EXAM: Saturday, November 14, 2026	

LICENSE NUMBER: _____ PERMIT NUMBER: _____

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

CHECKS OR MONEY ORDERS PAYABLE TO: CITY OF ALLENTOWN

SHEET METAL SYSTEMS TECHNICIAN LICENSE: _____ \$180.00

SHEET METAL SYSTEMS APPRENTICE PERMIT: _____ \$90.00

ATTACH PROOF OF ENROLLMENT IN AN APPRENTICE PROGRAM

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY: _____

EMAIL ADDRESS: _____

EMPLOYMENT INFORMATION

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

EMPLOYER'S NAME: _____ YEARS OF SERVICE: _____

COMPANY NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

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, 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:

I will NOT permit the use of my license by any other firm or person. 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 TO THIS ADDRESS

**CITY OF ALLENTOWN, BUREAU OF BUILDING STANDARDS & SAFETY - INSPECTIONS
DIVISION 435 WEST HAMILTON STREET, ROOM 428, ALLENTOWN, PA 18101-1699 OR CALL
610 437 7591**

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