

# MECHANICAL MASTER CONTRACTOR EXAM

## EXAM SCHEDULE

The MECHANICAL MASTER CONTRACTOR Exam shall be given on the 3rd Wednesday of January, April, July and October.

## TIME & LOCATION OF EXAM

The exam will begin at 8:00 a.m. (Late arrivals will **NOT** be allowed to test.)  
The exam can take up to 8 hours and is in 4 parts.

100 Questions / Open Book  
Manual J Quiz  
Duct Sizing Quiz  
Lincoln Gas Code Exam

All portions of the exam will be given at the

**Associated Builders and Contractors (ABC)  
830 Westgate Blvd, Lincoln, NE**

A map of the location is attached. Please review directions to the exam location before the test day, if you are not familiar with the area.

## BRING TO EXAM

The following is a list of items to bring to the test:

- Pencils/Pens/Calculator
- 2009 IMC & IMC Adoptive Ordinance
- 2009 IFGC & IFGC Adoptive Ordinance
- City of Lincoln Gas Piping Code Book
- ACCA Manual J Seventh Edition
- Optional: Refreshments (coffee, soda, snacks)

Cell phones and other electronic devices are not allowed at exam site.

## ELIGIBILITY TO TEST

Your exam application will be reviewed. **If it is found that you are ineligible to take the exam. I will notify you and your exam fee will be refunded.**

Please call me at 402-441-6419 if you have any questions.

Steve Hartsock  
Chief Mechanical Inspector  
Department of Building & Safety  
City of Lincoln, NE

**DETACH THIS PAGE AND SAVE FOR YOUR RECORD**

# Associated Builders and Contractors (ABC)

830 Westgate Blvd  
Lincoln, NE





## Lincoln, NE Paper-and-Pencil Examination Application

**STEP 1: Enter your name, address, and other candidate information.**

|  |   |
|--|---|
| <b>Exam Candidate Information—PRINT LEGIBLY</b>              | ALL FIELDS BELOW REQUIRED EXCEPT AS NOTED.                                |
| Full Legal Name: _____                                       | ICC or Pearson ID _____<br><small>(if you have tested previously)</small> |
| Mailing Address: _____                                       | City: _____ State: _____ Zip: _____                                       |
| ( ) _____<br>Primary Telephone Number: _____ Home _____ Work | ( ) _____<br>Secondary Number (optional)                                  |
| E-mail: _____  |   |

**STEP 2: Select your exam date and site at which you wish to test.**

### EXAMINATION SITES AND CORRESPONDING EXAMINATION DATES

Lincoln, NE

| EXAM DATES                                | DEADLINE TO REGISTER | EXAM DATES                                | DEADLINE TO REGISTER |
|---|----------------------|---|----------------------|
| <input type="checkbox"/> January 18, 2017 | January 4, 2017      | <input type="checkbox"/> July 19, 2017    | July 5, 2017         |
| <input type="checkbox"/> April 19, 2017   | April 5, 2017        | <input type="checkbox"/> October 18, 2017 | October 4, 2017      |

**STEP 3: Read the Important Notes section.**

#### Important Notes

- Applications may be submitted by U.S. mail, courier, or fax.
- Applications must be received by the deadline date.
- A photo identification, such as a driver's license, will be required for admittance to the examination.
- References needed for taking the exams can be purchased from the Code Council by calling 1-800-786-4452 or at [shop.iccsafe.org](http://shop.iccsafe.org)
- If you have a physical disability that prohibits you from taking an examination under standard conditions, you may request special arrangements. Your letter of request must accompany this application, along with a completed special accommodations form. This form may be obtained by telephoning us at 1-888-422-7233. The request must be submitted and approved by the Code Council by the registration deadline for the test you wish to take.

**STEP 4: Select the exam you wish to take.**

| Exam ID and Title   | Starting Time |
|---|---------------|
| <input type="checkbox"/> 208 Journeyman HVAC              | 8:00 a.m.     |
| <input type="checkbox"/> 199 Master Mechanical Contractor | 8:00 a.m.     |

**STEP 5: Sign your application, attesting all information entered is true.**

I have a copy of the current ICC Examination Information Bulletin for my exam program. (If you do not have a copy of the Bulletin, go to [www.iccsafe.org/contractor](http://www.iccsafe.org/contractor).)

I hereby certify that I am the person indicated above that all the information I have given herein is true and complete to the best of my knowledge, and that any false statement will be cause for voiding this application and/or subsequent applications.

I authorize my score to be reported to each licensing jurisdiction in the examination program.

I further certify that I understand the secure and confidential nature of the examination, and will not reveal the contents of the examination to anyone. I hereby affirm that I will abide by the rules of the examination that are found in the ICC Examination Information Bulletin for my exam program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

#### OFFICE USE ONLY

Candidate ID: \_\_\_\_\_ Requirements met: \_\_\_\_\_ Date processed: \_\_\_\_\_ Initials: \_\_\_\_\_

# EXAMS

Receipt # \_\_\_\_\_

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

**DEPARTMENT OF BUILDING & SAFETY**  
**555 SOUTH 10<sup>TH</sup> STREET, ROOM 203**  
**LINCOLN, NE 68508**  
**Building & Safety Website**

*\*\*If you are retaking an exam within 6 months of your first exam, you may stop after the "Application for:" section\*\**

NAME \_\_\_\_\_  
(Type or Print)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

## Application for:

- Please check one -

### ELECTRICAL EXAM

- Master \$50.00
- Journeyman \$50.00
- Maintenance \$50.00

### DECO FIREPLACE/GAS LOG EXAM

- Contractor \$50.00
- Installer \$50.00

### MECHANICAL EXAM

- Master Contractor \$150.00
- Journeyman Tech \$100.00

### PLUMBING EXAM

- Master \$208.00
- Journeyman \$183.00

### GAS FITTER EXAM

- Master \$50.00
- Journeyman \$50.00

### WATER CONDITIONING EXAM

- Contractor \$30.00
- Installer \$30.00

### FIRE SPRINKLER EXAM

- Contractor \$40.00
- Journeyman \$40.00

### GAS EXTINGUISHER EXAM

- Contractor \$40.00
- Journeyman \$40.00

### WET/DRY CHEMICAL EXAM

- Contractor \$40.00
- Journeyman \$40.00

--- If you are **retaking** an exam **within 6 months** of your **first exam**, you may stop here---

Application Deadline: the completed application form and fees must be received in the Department of Building & Safety two weeks prior to the exam date.

List appropriate **LICENSES or CERTIFICATES** issued to you by other governmental agencies:

1. Type: \_\_\_\_\_ Registration #: \_\_\_\_\_  
Exam Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Year) Issued by: \_\_\_\_\_ City of \_\_\_\_\_  
Phone # of Jurisdiction \_\_\_\_\_ (Check one) State of \_\_\_\_\_

**ALL information is required.**

2. Type: \_\_\_\_\_ Registration #: \_\_\_\_\_  
Exam Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Year) Issued by: \_\_\_\_\_ City of \_\_\_\_\_  
Phone # of Jurisdiction \_\_\_\_\_ (Check one) State of \_\_\_\_\_

**ALL information is required.**

### EMPLOYMENT

1. Present: \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Owner's/Supervisor's Name \_\_\_\_\_  
Employed from \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Year) to Present Type of Work \_\_\_\_\_

2. Previous: \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Owner's/Supervisor's Name \_\_\_\_\_  
Employed from \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Year) to \_\_\_\_/\_\_\_\_/\_\_\_\_ Type of Work \_\_\_\_\_

3. Previous: \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Owner's/Supervisor's Name \_\_\_\_\_  
Employed from \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Year) to \_\_\_\_/\_\_\_\_/\_\_\_\_ Type of Work \_\_\_\_\_

4. Previous: \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Owner's/Supervisor's Name \_\_\_\_\_  
Employed from \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Year) to \_\_\_\_/\_\_\_\_/\_\_\_\_ Type of Work \_\_\_\_\_

## EDUCATION

College / University \_\_\_\_\_ City, State \_\_\_\_\_

Type of Course \_\_\_\_\_ Degree \_\_\_\_\_ Year Completed \_\_\_\_\_

### Course completed appropriate to application:

1. Name of School \_\_\_\_\_ City, State \_\_\_\_\_

Type of Course \_\_\_\_\_ Started \_\_\_\_\_ Completed \_\_\_\_\_  
Date Date

2. Name of School \_\_\_\_\_ City, State \_\_\_\_\_

Type of Course \_\_\_\_\_ Started \_\_\_\_\_ Completed \_\_\_\_\_  
Date Date

3. Name of School \_\_\_\_\_ City, State \_\_\_\_\_

Type of Course \_\_\_\_\_ Started \_\_\_\_\_ Completed \_\_\_\_\_  
Date Date

## EXPERIENCE

List Two MAJOR PROJECTS that you have worked on within the past year:

1. Name \_\_\_\_\_ Address \_\_\_\_\_

Type of Work \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_

Type of Work \_\_\_\_\_

List **PROJECTS** you have worked on in the **PREVIOUS THREE YEARS**:

1. Name \_\_\_\_\_ Address \_\_\_\_\_

Type of Work \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_

Type of Work \_\_\_\_\_

3. Name \_\_\_\_\_ Address \_\_\_\_\_

Type of Work \_\_\_\_\_

4. Name \_\_\_\_\_ Address \_\_\_\_\_

Type of Work \_\_\_\_\_

List below any ADDITIONAL INFORMATION or WORK EXPERIENCE that may be valuable to the Board of Examiners:

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I hereby grant permission the Board of Examiners to contact employers, schools or individual persons named on this application for verification of the information submitted.

False information submitted will be *grounds to void* the application or *revoke* a Certificate issued.

X \_\_\_\_\_  
Signature of Applicant