

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 4 hours and is in 3 parts.

Manual J Quiz
Duct Sizing Quiz
Lincoln Gas Code Exam (1 hour time limit)

These 3 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
- 2012 IMC & IMC Adoptive Ordinance
- 2012 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.

In addition all applicants must make arrangements with the International Code Council at ICCSafe.org to arrange to take the computer based National Standard Master Mechanical exam #W29 at an ICC approved remote test site. Do not schedule this exam until you are notified by the city that your application has been approved. Costs and scheduling of this test shall be the responsibility of the applicant. Proof of passing this exam must be submitted to the Building and Safety Mechanical section no later than the date of Lincoln's exam.

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.

Mark Howard
Chief Mechanical Inspector
Department of Building & Safety
City of Lincoln, NE

Associated Builders and Contractors (ABC)

830 Westgate Blvd
Lincoln, NE



EXAMS

Receipt # _____

Date: _____

DEPARTMENT OF BUILDING & SAFETY
555 SOUTH 10TH 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 \$500.00
- 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:

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

CITY OF LINCOLN

DEPARTMENT OF BUILDING & SAFETY

SPECIAL ACCOMMODATIONS REQUEST FORM

The City of Lincoln Building & Safety Department is committed to complying with the provisions of the Americans with Disabilities Act (ACA). Reasonable testing accommodations with modifications and aids will be provided to candidates with documented disabilities.

Date: _____

Last Name: _____ First Name: _____ M.I.: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Telephone #: (_____) _____ - _____ Email: _____

Description of Disability: _____

Other Equipment or accommodation (please explain): _____

Accommodations previously provided (list accommodation & purpose): _____

*NOTE: Only candidates who require special examination accommodations should use this form.