

# APPLICATION FOR REGISTRATION AS A HVAC APPRENTICE

**Building & Safety Department**

**555 S. 10<sup>TH</sup> Street, Room 203**

**Lincoln, Nebraska 68508-3995**

Main 402-441-7521 Fax 402-441-8214 [lincoln.ne.gov/city/build](http://lincoln.ne.gov/city/build)

## TO THE BOARD OF HVAC EXAMINERS:

I, \_\_\_\_\_, hereby make application for  
(Please print/type applicant's name)  
registration as a HVAC Apprentice in accordance with the City of Lincoln, Nebraska, HVAC Code.

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ - \_\_\_\_\_ Work Phone Number \_\_\_\_\_ - \_\_\_\_\_

Business Address \_\_\_\_\_

Present Employer \_\_\_\_\_

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## HISTORY OF EMPLOYMENT AS A HVAC APPRENTICE

EMPLOYER	DATE BEGAN WORK	DATE FINISHED WORK

I agree that any false statement herein made is just cause for cancellation of the Apprentice Certificate and I further agree without reservation to abide by all laws and rules of the appropriate city codes.

\_\_\_\_\_  
(Signature of Applicant)

The registered Master Contractor employing the above Apprentice shall sign this application.

\_\_\_\_\_  
(Signature of Master Contractor)

\_\_\_\_\_  
(Date)