

# 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.)

This portion of the exam can take up to 4 1/2 hours and is in 4 parts.

Manual J Quiz

Duct Sizing Quiz

Lincoln Gas Code Exam (1 hour time limit) This is based upon the Lincoln Gas Piping Systems Code 24.05.

The Lincoln Adopted Amendments Test (30 minute time limit) This is based upon L.M.C. 25.06 and 25.12

These 4 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.

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

- Pencils/Pens/Calculator
- 2012 IMC
- 2012 IFGC
- 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](http://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 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 -

### **DECO FIREPLACE/GAS LOG EXAM**

Contractor \$50.00

Installer \$50.00

### **MECHANICAL EXAM**

Master Contractor \$400.00

Journeyman Tech \$50.00

### **GAS FITTER EXAM**

Master \$50.00

Journeyman \$50.00

--- 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

# 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: \_\_\_\_\_

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Other Equipment or accommodation (please explain): \_\_\_\_\_

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Accommodations previously provided (list accommodation & purpose): \_\_\_\_\_

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