



Building Safety Department
400-2nd Street South
St. Cloud, MN 56301
(320) 255-7239
Fax: (320) 650-3388
www.ci.stcloud.mn.us

Application For Appliance Installer Examination

Name of Applicant: _____

Home Address: _____

City, State & Zip: _____

Email Address: _____

Business Address: _____

City, State & Zip: _____

Home Phone: _____ Business Phone: _____

All questions must be answered in their entirety and acknowledged by a notary public. There must be no variation in the name of the applicant in any part of this application. In order for a person to be able to take the Appliance Installer Examination, the experience required will be 24 months of full-time employment as an appliance installer and service person.

Examinations for licenses are held twice a year, February and July. Applications for the February exam will be accepted after August 1, but in no case later than December 31. Applications for the July exam will be accepted after March 1, but in no case later than May 31. A letter will be sent to you notifying you of the test date and time. Testing fees will be payable at the time of test.

Appliance Installer Exam Fee: \$36

If you are self-employed in gas appliance installation or repair, list your firm's name and address:

Time and place of schools attended and studies completed:

	Years	Months
1.		
2.		

Chronological record of employment, together with complete information as to duties and type of work performed:

	Years	Months
1.		
2.		
3.		
4.		

I solemnly swear that the statements are true to the best of my knowledge and belief and affix my signature in attest thereto.

Date

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____,
20 ____

Signature of Notary

Notary Seal

(City Use Only)

Date Received: