



TRADE SPONSORSHIP APPLICATION

Type of License Applying For:

- Electrical Residential Journeyman Master
Plumbing Journeyman Master
Mechanical Residential A/C Journeyman Sheet Metal Journeyman Unlimited A/C Master

Name: _____				
Address: _____				
	Address	City	State	Zip Code
Phone No.: _____		Cell Phone No.: _____		
E-mail Address: _____		Social Security Number: _____		

Enclose copies of your union card, apprenticeship card or other trade licenses. Employment listed should be of thirty (30) days or more duration. Please list the most current information first. Incomplete or illegible applications will be denied. Please allow a minimum of 7 business days for processing.

- Journeyman exam-List a minimum of three (3) years employment.
- Masters exam-List a minimum of six (6) years employment.
- Master Plumber exam-a minimum of six (6) years employment; three (3) years as a journeyman plumber

Employed From: _____ To: _____ (Total) _____

Employer: _____

Address: _____

Phone: _____

Duties: _____

Employed From: _____ To: _____ (Total) _____

Employer: _____

Address: _____

Phone: _____

Duties: _____

Employed From: _____ To: _____ (Total) _____

Employer: _____

Address: _____

Phone: _____

Duties: _____



City of Lawrence
 PLANNING & DEVELOPMENT SERVICES

Building Safety Division
 PO Box 708
 1 Riverfront Plaza, Suite 110
 Lawrence, Kansas 66044
 p. (785) 832-7700
 f. (785) 832-3110
www.lawrenceks.org/pds
buildinginspections@ci.lawrence.ks.us

Employed From: _____ To: _____ (Total) _____
 Employer: _____
 Address: _____
 Phone: _____
 Duties: _____

Education-List relevant college, vocational or trade education.

Name of School: _____
 Address: _____
 Field of Study: _____
 Graduated: Yes No

I certify that all statements made in this application are true and I understand that any false statements on this application shall be considered sufficient case for disqualification.

Date _____ Signature _____

Staff Use Only
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Reviewed By: _____
Date Reviewed: _____