

APPLICATION FOR CERTIFICATE OF QUALIFICATION



City of Kansas City, Missouri
City Planning & Development Department
Development Services
Contractor Licensing Branch
5th Floor, City Hall
414 East 12th Street
Kansas City, Missouri 64106-2792
Telephone: (816) 513-1500 x 6
Fax: (816) 513-1456

Application fee: \$60.00
Exam fee: To be paid directly to testing agency*

Check number: _____
Postmark date: _____
Account number: _____
E-mail address: _____

NOTE: Fill in the application carefully and completely. The information given will be used to determine your eligibility.

Check one of the following certificate categories:

Supervisor Certificate Classifications

- ___ Demolition supervisor class I
- ___ Demolition supervisor class II
- ___ Electrical supervisor
- ___ Elevator supervisor class I
- ___ Elevator supervisor class II
- ___ Elevator supervisor class III
- ___ Fire protection supervisor class I
- ___ Fire protection supervisor class II
- ___ Fire protection supervisor class
- II ___ Gas-fired appliance supervisor
- ___ Mechanical supervisor
- ___ Master (limited) electrician
- ___ Master electrician
- ___ Master pipe fitter
- ___ Master plumber
- ___ Residential building supervisor
- ___ Sign supervisor

Operator and Journeyman Certificate Classifications

- ___ Fireman
- ___ Journeyman plumber
- ___ Operating engineer
- ___ Plant fireman
- ___ Refrigeration operating engineer
- ___ Steam operating engineer

Applicant's name: _____
(Last name) (First name) (Middle name) (Suffix)

Home address: _____
(Street address) (City) (State) (Zip)

Home phone number: _____ Business phone number: _____

Cell phone or pager number: _____ Fax number: _____

Social Security number: _____

Date of birth: _____

I do hereby make application for a certificate to supervise and/or perform regulated tradeswork in accordance with the regulations contained in Chapter 18 of the City of Kansas City, Missouri, Code of Ordinances.

***See certification requirements for exceptions to exam fees.**

EXPERIENCE**

Give a complete statement of your work history relevant to your trade, beginning with your most recent employer. Do not include unrelated work experience. You may attach additional sheets, if necessary.

Employed from:	to:	Company:
Supervisor:	Address:	
Supervisor's phone number:	Company's phone number:	
Scope of work you performed for this company:		

Employed from:	to:	Company:
Supervisor:	Address:	
Supervisor's phone number:	Company's phone number:	
Scope of work you performed for this company:		

Employed from:	to:	Company:
Supervisor:	Address:	
Supervisor's phone number:	Company's phone number:	
Scope of work you performed for this company:		

Employed from:	to:	Company:
Supervisor:	Address:	
Supervisor's phone number:	Company's phone number:	
Scope of work you performed for this company:		

List any pertinent licenses, certificates, or registrations which you have held. Show dates and jurisdictions.

EDUCATION**

Check last grade of school completed. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Name of high school: _____ Date left: _____

Address of high school: _____ High school diploma? ____ Yes ____ No If

you have no high school diploma, have you obtained a certificate of equivalency on the GED test? ____ Yes ____ No

Name of trade school: _____ Dates attended: _____

Address of trade school: _____ Certificate received: _____

Name of college: _____ No. of credit hours: _____

Address of college: _____ Degree/year: _____

Any additional information pertaining to your education or experience may be furnished below.

REFERENCES**

List below four individuals, two of whom are engaged in your line of work, whom the Building Official or a designee may contact for information pertaining to your character and professional ability. Do not name individuals who have provided reference letters or questionnaires on your behalf, your own employees (past or present), individuals under your supervision (past or present), employees of the Department of CPD-DS, employees of the third-party testing agency, or material suppliers.

(Name) (Street address) (City) (State) (Zip) (Phone number)

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STATEMENT OF APPLICANT

I certify that all answers and all statements contained herein are true; and I hereby authorize verification of the information given on this application. If said certificate is granted to me, I will supervise and/or perform installation, operation, maintenance, and repair work in accordance with all the rules and regulations of Chapter 18 of the City of Kansas City, Missouri, Code of Ordinances (Kansas City Building and Rehabilitation Code). I understand that this certificate is not a substitute for and does not exempt me from being required to obtain, a contractor license, where appropriate, to actually perform trades work.

Signature: _____ Date: _____

Signature - I understand that by typing my name above, I am electronically signing this document.

**** Information related to experience, education, and references is not required from applicants for the residential building supervisor certificate of qualification; therefore, such applicants may leave these portions of the application form blank.**

EXAMINATION RESULTS

	Date	Results	Jurisdiction, testing agency, exam title, and exam code
First examination			
Second examination			
Third examination			
Fourth examination			
Fifth examination			
Sixth examination			
Seventh examination			
Eighth examination			
Ninth examination			
Tenth examination			
Eleventh examination			
Twelfth examination			

REPORT OF THE BUILDING OFFICIAL

_____ The applicant has shown that all prerequisites for certification have been met.

_____ The applicant has not shown that all prerequisites for certification have been met. Therefore, the applicant shall not obtain a certificate until the following is provided:

_____ The deficiencies were corrected as of _____.

Certificate granted: _____ Signed: _____
(Date) (Building Official or designee)

Certificate denied: _____ Signed: _____
(Date) (Building Official or designee)

COMMENTS
