Hamilton	County
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Application for License 4005 Cromwell Road Chattanooga, TN 37421 Phone – (423) 209-7860 / Fax – (423) 209-7861 inspect@hamiltontn.gov

0	ffic	e Use only	
	ъ	<b>2</b> 1	

Date Rec'd
Amt Rec'd
Type of Payment
Cash M.O. CK CR
Lic Issued
Test results
Notes:

## I AM APPLYING FOR (Check One)

Class I Electrical Contractor (unrestricted)	\$100.00 Class I Master Plumber	\$100.00
Class I State Electrical Contractor (unrestricted)	\$50.00 Class III Journeyman Plumbers License	\$10.00
Class II Electrical Contractor (restricted)	\$100.00 Class III Journeyman Plumbers License (by State License)	\$10.00
Class III Electrical Contractor (signs only)	\$50.00 Class I HVAC – Mechanical Contractor (unrestricted)	\$100.00
Class IV Journeyman	\$10.00 Journeyman's Mechanical License	\$20.00
Class IV Journeyman (by State License)	\$5.00 Master Gas Contractor's License	\$100.00
Class V Electrical Contractor (special)	\$100.00 🔲 Journeyman's Gas License	\$10.00
Class I State Plumbers License	\$100.00 Class II Mechanical License	\$100.00



Name:		
Mailing Address:		
City:	State:	Zip:
Date of Birth:/ Social	Security #:	
Home Telephone Number:		
Company Name:		
Business Address:		
City:	State:	Zip:
Business Phone:	Fax Number:	
Pager Number:	Mobile Number:	
E-Mail Address:	Internet Address:	
Education and	Training	
The highest grade I completed was 7	Frade school or apprent	tice school training:
Did you attend a trade or apprentice school? Yes No		

If yes, did you complete the full course? Yes No

List other license that you have held or currently hold including Plumbing, Gas, Building, Electrical and Mechanical:

	/	/ /		
e & Licenses Number	Issue Date	Expiration Date	Agency that issued the	ne license
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pe & Licenses Number				
pe & Licenses Number	_/Issue Date	_//_//_//_//_//_//_//_///_///_///_///_///_////	Agency that issued th	ne license
IPLOYMENT RECORD: List	previous employers wh	ere you have worked in the	last three (3) years prior to	o this date:
1. Present Employer:				
Street Address I have been employed here fo	r vear(s)	City Job Title:	State	Zip Code
Duties:				
2. Employer:				
Street Address		City	State	Zip Code
I was employed there for	year(s).		To	
Job Title:		Duties:		
2 Employee				
3. Employer:				
Street Address		City	State	1
I was employed there for	year(s).	From	To	
Job Title:		Duties:		
The Board reserves the right t	to correspond with any o	employers listed above and	to check all information g	iven in the applic
I the undersigned, affirm that				
failing to grant my license or County of Hamilton, Chattane				
given.	Joga, Telinessee in usin	g my needse. No refund on		ine war rees sharr
Date		Applicants Signature		
Sworn before me this	day of the year	My	appointment expires	
		Notary Public		

(seal)

Return this completed signed application form to the address on the heading together with a check, money order or cash (do not mail cash) for the examination fee or license fee applied for. Make all checks payable to : Hamilton County Trustee.