

## Application for License

### City of Larned

Date of Application: \_\_\_\_\_

Company Name: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Type of License: \_\_\_\_\_

Name of person holding Master Certification: \_\_\_\_\_

\*if applying for a Building Permit Skip to Insurance Company

Date Acquired: \_\_\_\_\_

Tested by: \_\_\_\_\_

\*copy of certificate required

\*Block-Thompson Prometric-ICC

Score: \_\_\_\_\_

Verified by: \_\_\_\_\_

\*must be 75% or better

Insurance Company Name: \_\_\_\_\_

\*copy of certificate required

Liability Amount: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

\*Please provide a list of names of all employees to be licensed – Journeyman or Apprentices

License Fee Paid: \_\_\_\_\_

☐ Approved

☐ Denied

Building Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_