



APPLICATION FOR STATIONARY ENGINEERS & REFRIGERATION OPERATORS EXAM

(Please Print)

Form with fields for Name (First, MI), Date of Birth, Exam Date, Address, Home Phone, Cell Phone, E-Mail, Grade and type of license held presently, Title, Grade, My Current/Active License # is: I do hereby apply for the license of: Title, Grade, Has your license ever been rejected, revoked or suspended? ( ) Yes ( ) No If yes, when?

I hereby apply, pursuant to the provisions of the statute, and the penal ordinance adopted by the council of the City of Rochester, to be examined by the Board of Examiners, and I hereby certify that I have had experience operating the boilers and/or refrigeration equipment listed below. If you need additional space, attach another sheet to application.

Table with 4 columns: Employer's Name, Address, Experience (From, To), Capacity of Plant (Horsepower/Tonnage). Rows A, B, C.

Certification of Employment: We the undersigned hereby certify that we are acquainted with the above named applicant as a current/former supervisor or co-worker, and we do hereby verify the experience listed for operating boilers and/or refrigeration equipment is correct (Please identify the experience you are verifying by matching the appropriate letter above.)

Form with fields for A, B, C: Name (please print), Signature, Phone Number, Cell Phone, Address, City/State/Zip, E-Mail.

I, (print name) \_\_\_\_\_, being duly sworn, depose and say that I am the applicant described in and who signed this foregoing application for a license as a Stationary Engineer and/or Refrigeration Operator and know the contents herein to be true to the best of my knowledge. Applicant Signature. Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_. Notary Public or Commissioner of Deeds (Please Affix Stamp)

Please make checks payable to: City of Rochester Treasurer and mail to: City of Rochester, Board of Stationary Engineers & Refrigeration Operators, 30 Church St., Rm. 121B, Rochester, NY 14614. If you have questions please call Licensed Trades at 585-428-9339. You will be notified of the next available exam dates once you have been approved to take the exam.

\*\*\*\*\*Space Below for Board Use Only\*\*\*\*\*

Date \_\_\_\_\_ Class License \_\_\_\_\_ Result of Exam \_\_\_\_\_

Secretary of the Board Signature