

**APPLICATION FOR CERTIFICATE OF QUALIFICATION**



City of Kansas City, Missouri  
City Planning & Development Department  
Development Services  
Contractor Licensing Branch  
5<sup>th</sup> Floor, City Hall  
414 East 12<sup>th</sup> Street  
Kansas City, Missouri 64106-2792  
Telephone: (816) 513-1500 x 6  
Fax: (816) 513-1519

Application fee: \$47.00  
Exam fee: To be paid directly to testing agency\*

Check number: \_\_\_\_\_  
Postmark date: \_\_\_\_\_  
Account number: \_\_\_\_\_

**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
- \_\_\_ Fire protection supervisor class I
- \_\_\_ Fire protection supervisor class II
- \_\_\_ Fire protection supervisor class III
- \_\_\_ Gas-fired appliance supervisor
- \_\_\_ Heating and ventilating supervisor
- \_\_\_ Master (limited) electrician
- \_\_\_ Master electrician
- \_\_\_ Master pipe fitter
- \_\_\_ Master plumber
- \_\_\_ Refrigeration supervisor
- \_\_\_ Residential building supervisor
- \_\_\_ Sign supervisor

**Operator and Journeyman Certificate Classifications**

- \_\_\_ Fireman
- \_\_\_ Journeyman plumber
- \_\_\_ Operating engineer
- \_\_\_ Plant fireman
- \_\_\_ Refrigeration operating engineer
- \_\_\_ Steam operating engineer

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

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.**



<b>EXPERIENCE**</b>
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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.

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**EDUCATION\*\***

Circle 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)*

\_\_\_\_\_  
*(Name) (Street address) (City) (State) (Zip) (Phone number)*

\_\_\_\_\_  
*(Name) (Street address) (City) (State) (Zip) (Phone number)*

\_\_\_\_\_  
*(Name) (Street address) (City) (State) (Zip) (Phone number)*

**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 tradeswork.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* 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:

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\_\_\_\_\_ The deficiencies were corrected as of \_\_\_\_\_.

Certificate granted: \_\_\_\_\_ (Date) Signed: \_\_\_\_\_ (Building Official or designee)

Certificate denied: \_\_\_\_\_ (Date) Signed: \_\_\_\_\_ (Building Official or designee)

**COMMENTS**

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