

Date: ___/___/___

JOURNEYMEN LICENSE

APPLICATION

NAME: _____ DATE OF BIRTH: _____

HEIGHT: _____ WEIGHT: _____ COLOR EYES: _____ COLOR HAIR: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (____) _____ WORK: (____) _____

SOCIAL SECURITY NUMBER: _____

TECHNICAL SCHOOLS ATTENDED: _____

PRESENT EMPLOYER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

LENGTH OF SERVICE: YEARS: _____ MONTHS: _____

CHECK WHICH TYPE OF LICENSE TESTING:

HYDROSTATIC TEST: _____

JOURNEYMAN PORTABLE : _____

JOURNEYMAN FIXED SYSTEMS: _____

The fee for each test is \$10.00. The fee for each license is \$50.00 per year. There is no fee for the Hydrostatic Testing License. PLEASE DO NOT SEND CHECK WITH APPLICATION. Checks will be accepted at the time of testing.

SIGNATURE: _____

FOR OFFICE USE ONLY

DATE OF TEST: ___/___/___

DATE ISSUED: ___/___/___

CHECK NUMBER: _____ (Payable to R.I. State Fire Marshal)

LICENSE # 55 - _____