

## ROCHESTER

----- Minnesota -----

# Building Safety Department 2122 Campus Drive SE Rochester, MN 55904 Phone: 507-328-2600 Fax: 507-328-2601

www.rochestermn.gov

### **APPLICATION FOR CERTIFICATE OF COMPETENCY MASTER INSTALLER**

#### Check type of Competency Card:

- Warm Air Heating and Ventilation
- Hot Water & Low Pressure Steam Heating
- **Refrigeration & Air Cooling**
- Gas Piping
- Factory-built Fireplaces, Stoves, & Chimneys

#### **Process Summary:**

- Submit completed Application for Certificate of Competency form with \$25 application processing fee to: Rochester Building Safety . Department, 2122 Campus DR SE, Rochester, MN 55904. Payment must accompany the application.
- If eligibility is not approved, your application will be returned with a letter of explanation. If you are not approved, you will receive this information approximately 10 business days after you mail your application.
- If eligibility is approved, you will receive a Candidate Information Bulletin and letter with information regarding test dates and procedures.
- The application will be returned to you if: 1) you do not meet the minimum requirements; 2) the application is incomplete; or 3) the \$25 fee is not included.

#### **Candidate Information:**

Candidate Name:	E-mail address:
Candidate Home Address:	Home Phone:
City, State, ZIP	
Business Address:	Business Phone:
City, State, ZIP	

#### **Employment History:**

Name and address of employers	Date of Employment		Duties
(start with present employer)	From	То	(including equipment worked on)
1.			
2.			
3.			
0.			
4.			

#### **Eligibility:**

• Based on the information you provide in this application, the Building Official will determine if you possess the education and experience to qualify for taking an examination. Please refer to the attached Rochester Code of Ordinances Chapter 53.01, Subd. 2 for minimum work experience requirements.

#### **Record of Related Training:**

• Proof of education must accompany the application or you will not be eligible for examination and your application will be returned. Documentation must be provided in the form of diplomas, transcripts, certificates, etc. to prove that you meet the qualifications to take an exam.

Name of School	Course of Study	Da	tes	Did you Graduate?	Degree/Certificate
	-	From	То		
College/Trade School					
College/Trade School					
College/Trade School					
Special Courses					

#### **General Information:**

• List any competency cards or licenses that you currently hold from other cities. (You must attach copies of all current cards).

City or other jurisdiction		Type of License or Competency Card			
1.					
2.					
3.					
4.					
State of Minnesota County of Olmsted ss.		Read the following statement carefully and sign this application (below) in the presence of a Notary:			
			at the information provided on this application is true and		
Subscribed and sworn before me thisday		complete to the best of my knowledge. I understand that providing false information could result in the loss of my competency card. I authorize the City of Rochester to verify this information to determine if I am gualified for the examination for which I am applying. I hereby			
of, 20					
Notary Public:		authorized	all current and previous employers to release job-related upon the written request of the City of Rochester.		
		Information			
Printed name	Date		Signature		
FOR OFFICE USE ONLY					
Application received:		Application approved: YesNo			
Date By (initials)		If no, indic	ate date it is returned to candidate		