



**Building Services**  
 808 West Spokane Falls Blvd  
 Spokane WA 99201-3343  
 (509) 625-6300  
 Fax (509) 625-6822

**GAS HEATING MECHANIC/  
 OIL BURNER SERVICER  
 EXAM APPLICATION**

TO THE BOARD OF EXAMINERS

I, \_\_\_\_\_, desire to obtain a license as a(n) \_\_\_\_\_  
 \_\_\_\_\_, and herewith apply for examination before your board. I have paid  
 the \$24 examination fee which is not to be refunded. It is understood and agreed that 90  
 days must elapse before I can repeat this examination, and it is further understood that the  
 rules, regulations and decisions of your board shall govern in all cases.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

APPLICANT INFORMATION – PLEASE PRINT

\_\_\_\_\_  
 First Name MI Last Name

\_\_\_\_\_  
 Day Phone Number

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 Evening Phone Number

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 High School Name City State Years Attended

\_\_\_\_\_  
 Trade School Name Course City State Years Attended

\_\_\_\_\_  
 College Name City State Years Attended

Please List Your Work Experience:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

EXAMINATION FEE.....\$24  
 APPRENTICE GAS HEATING MECHANIC....\$10\*  
 GAS HEATING MECHANIC I.....\$36  
 GAS HEATING MECHANIC II .....\$48  
 OIL BURNER SERVICER/INSTALLER .....\$36

APPLICATION # \_\_\_\_\_  
 WRITTEN SCORE \_\_\_\_\_  
 ORAL SCORE \_\_\_\_\_  
 TOTAL SCORE \_\_\_\_\_

BOARD OF EXAMINERS

\_\_\_\_\_  
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