



**Building Services**  
 808 West Spokane Falls Blvd  
 Spokane WA 99201-3343  
 (509) 625-6300  
 www.buildingspokane.org

**BOILER OPERATOR LICENSE**

**Application for Examination**

To the Board of Examiners:

In compliance with the provisions of Spokane Municipal Code Section 10.29.020, I hereby make application for examination for license as \_\_\_\_\_,\* and submit herewith statement and certificate to establish my eligibility thereto, which I declare under oath to be true to the best of my knowledge and belief. I have paid the **\$24 examination fee** which is not to be refunded.

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

\_\_\_\_\_  
 Date

- \* Low-Pressure Boiler Operator (LPB)
- \* Small High-Pressure Boiler Operator (SHPB)

- \* 3<sup>rd</sup> Class Boiler Operator (3rdC)
- \* 2<sup>nd</sup> Class Boiler Operator (2ndC)
- \* 1<sup>st</sup> Class Boiler Operator (1stC)

**APPLICANT INFORMATION—PLEASE PRINT**

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

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

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

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

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

\_\_\_\_\_  
 Age

\_\_\_\_\_  
 Name of Current Employer

\_\_\_\_\_  
 Present Position

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

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

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

\_\_\_\_\_  
 Name of Boiler Operator Who Trained You

\_\_\_\_\_  
 License Held By Trainer

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

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

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

**PLEASE LIST YOUR CURRENT LICENSES**

\_\_\_\_\_  
 License Type and Class

\_\_\_\_\_  
 Expiration Date

\_\_\_\_\_  
 Issued By

\_\_\_\_\_  
 License Type and Class

\_\_\_\_\_  
 Expiration Date

\_\_\_\_\_  
 Issued By

**If You Have Experience With Any Item Below, Mark It With PT for Part-Time or FT for Full-Time, Whichever Is Appropriate.**

**Boilers**

- \_\_\_\_\_ Hot Water System
- \_\_\_\_\_ High Pressure Boilers
- \_\_\_\_\_ Steam Heating Systems
- \_\_\_\_\_ Pumps Feed & Return

**Procedures**

- \_\_\_\_\_ Care of Equipment
- \_\_\_\_\_ Emergency Procedures
- \_\_\_\_\_ Cleaning Boilers
- \_\_\_\_\_ Water Treatment

**Fuels**

- \_\_\_\_\_ Gas
- \_\_\_\_\_ Electric
- \_\_\_\_\_ Wood
- \_\_\_\_\_ Oil
- \_\_\_\_\_ Coal

**BOILER EXPERIENCE**

Type of Boiler	Pressure	Size	Company	From	To

**EXPERIENCE VERIFICATION STATEMENT**

I certify that \_\_\_\_\_ has had \_\_\_\_\_ years,  
 \_\_\_\_\_ months employment with this firm, and that such experience was full-time  
 operating experience in the boiler room operating a boiler \_\_\_\_\_ hours a day,  
 \_\_\_\_\_ days per week, and has been properly trained by a licensed boiler operator.

This boiler experience has been acquired at \_\_\_\_\_  
 Company Name  
 \_\_\_\_\_  
 Company Address  
 \_\_\_\_\_  
 Supervisor's Signature and Title  
 \_\_\_\_\_  
 Date

**FOR OFFICE USE ONLY**

Activity Number \_\_\_\_\_ Written Examination: Passed \_\_\_\_\_ Failed \_\_\_\_\_  
 Test Date \_\_\_\_\_ Oral Examination: Passed \_\_\_\_\_ Failed \_\_\_\_\_

\_\_\_\_\_  
 Examiner's Signature Date