



City of Bismarck
 Community Development Department
 Building Inspections Division
 Phone: 701-355-1465 * FAX: 701-222-6450 * TDD: 711
 PO Box 5503 * Bismarck, ND 58506-5503
buildinginspections@bismarcknd.gov

MECHANICAL LICENSE EXAM APPLICATION

Last Revised 10/16/2024

REQUIRED DOCUMENTS		
<input type="checkbox"/> State or Federal Photo Identification		
<input type="checkbox"/> Complete Application		
<input type="checkbox"/> Information Waiver		
<input type="checkbox"/> Total number of apprentice or journeyman hours worked. Please attach on each companies' letterhead.		
GENERAL INFORMATION		
Name :		Date of Birth:
Address:		
City:	State:	Zip Code:
Phone Number:		
Email Address:		
Exam Type:	<input type="checkbox"/> Master IMC/IFGC	<input type="checkbox"/> Journeyman IMC/IFGC
Name of Master Mechanical Tech:		Company:
MECHANICAL EXPERIENCE (State if you are currently Self-Employed)		
Current Employer:		
City	State	Zip Code:
Type of Work:	From:	To:
Contact Name:	Contact Phone Number:	
Previous Employer:		
City	State	Zip Code:
Type of Work:	From:	To:
Contact Name:	Contact Phone Number:	
Previous Employer:		
City	State	Zip Code:
Type of Work:	From:	To:
Contact Name:	Contact Phone Number:	

I certify that all information contained in this application and any attachments is true and complete to the best of my knowledge. I understand that any willful misrepresentation, false statement, or omission by me in the application process will be cause for rejection.

Applicant's Signature _____ Date _____

Previous Employer:		
City	State	Zip Code:
Type of Work:	From:	To:
Contact Name:	Contact Phone Number:	
Previous Employer:		
City	State	Zip Code:
Type of Work:	From:	To:
Contact Name:	Contact Phone Number:	
Previous Employer:		
City	State	Zip Code:
Type of Work:	From:	To:
Contact Name:	Contact Phone Number:	
Previous Employer:		
City	State	Zip Code:
Type of Work:	From:	To:
Contact Name:	Contact Phone Number:	
Previous Employer:		
City	State	Zip Code:
Type of Work:	From:	To:
Contact Name:	Contact Phone Number:	
Previous Employer:		
City	State	Zip Code:
Type of Work:	From:	To:
Contact Name:	Contact Phone Number:	