BUILDING & ZONING DEPARTMENT
SPRINGFIELD MECHANICAL COMMISSION

APPLICATION FOR REVIEW:

( ) RESIDENTIAL MECHANICAL LICENSE
( ) COMMERCIAL MECHANICAL LICENSE

RETURN "APPLICATION FOR SPRINGFIELD LICENSE" COMPLETED IN FULL ALONG WITH ALL PROOF OF TESTING TO THE OFFICE OF BUILDING and ZONING (ROOM 304 MUNICIPAL CENTER WEST). THE APPLICATION WILL GO BEFORE THE SPRINGFIELD MECHANICAL COMMISSION AT THEIR NEXT SCHEDULED MEETING FOR REVIEW. ONCE APPROVED BY THE SPRINGFIELD MECHANICAL COMMISSION AND THE $25 FEE HAS BEEN PAID, A SPRINGFIELD MECHANICAL LICENSE WILL BE GRANTED.

PLEASE PRINT AND COMPLETE THIS FORM IN INK, ANSWERING ALL QUESTIONS

1. **Full Name:**_____

2. **Address:**_____

3. **Phone Number:**_____**Date of Birth:**_____

4. **Proposed Business or Firm Name:**_____

5. **Proposed Business Address:**_____

6. **Do you now have the necessary tools and machinery needed for mechanical contracting:**_____

7. **Do you have a shop:**_____

If so address of shop:_____

8. **Were you ever issued a Mechanical License:**_____

Indicate where, when and what kind:_____

9. **Has any license issued to you ever been revoked:**_____

Indicate where and when:_____

10. **Please fill out the following education information:**

High School_____**Graduated**_____

College or University_____**yrs**_____**Graduated**_____

Technical School or other Training_____

11. Have you ever been in business as a mechanical contractor:_____

If so, give the trade name under which you operated: _____

Location and address of your business:_____

How long were you in business? _____

MECHANICAL REFERENCES

Be sure that you break down your experience according to each classification.

Total years of experience_____

CLASSIFICATION	As Apprentice		As Journeyman		Supervisor	
	Years	Dates	Years	Dates	Years	Dates
Residential Mechanical Work						
Commercial & Industrial Mechanical Work						
Mechanical Maintenance & Repair						
Other Mechanical Work						

ATTACH ADDITIONAL SHEETS IF NECESSARY

REFERENCES

List at least three (3) persons engaged in the mechanical industry who know about your work and attach a letter of recommendation from each.

1.
Name_____ Phone #_____

Address_____ Occupation_____

2.
Name_____ Phone #_____

Address_____ Occupation_____

3.
Name_____ Phone #_____

Address_____ Occupation_____

MECHANICAL EMPLOYEE RECORDS

IMPORTANT: Residential (limited) license – minimum 5 years employment experience
Commercial License – minimum 7 years employment experience

NOTE: Letter of verification will be required for proof of information listed below.

Unless complete address of employer is given, it is impossible to properly process your application and will cause delay.	**DATES EMPLOYED**		**TYPE OF MECHANICAL**
	From Month/Year	To Month/Year	Ducts, hoods, furnace, air conditioning equipment, etc.
Name			
Address			
Name			
Address			
Name			
Address			

The above information is accurate to the best of my knowledge and belief and I hereby authorize the Commission and/or City Personnel to inquire into any of the above information.

Applicants signature_____

Date_____

Email address_____

License fee of $25 shall be submitted with this application

FOR OFFICIAL USE ONLY

( ) APPLICATION ACCEPTED

( ) APPLICATION REJECTED

Revised 9/24/2025