



# Building Inspections

ANTHONY HUTCHINGSON  
Chief Building Inspector

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Kansas City, Kansas 66101

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## APPLICATION FOR PROMETRIC MASTER TESTING

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Check one of the following:

- Master Electrician..... (See attached Qualification Requirements.)
- Master Residential Electrician..... (See attached Qualification Requirements.)
- Master Plumber..... (See attached Qualification Requirements.)
- Master Mechanical..... (See attached Qualification Requirements.)

Date: \_\_\_\_\_

I, \_\_\_\_\_ of (Address) \_\_\_\_\_  
\_\_\_\_\_ (City, State and Zip Code) \_\_\_\_\_

\_\_\_\_\_ Age :( years) \_\_\_\_\_, do hereby make application for a Certificate of  
Qualification to supervise or do work in accordance with the regulations contained in the,  
Municipal Code of the Unified Government WYCO/KCK.

Social Security Number: \_\_\_\_\_

Telephone Number: \_\_\_\_ ( ) \_\_\_\_\_  
Area Code Number

**EXPERIENCE:** List below a complete statement of your work history as required by City Ordinance:

EMPLOYER	TYPE OF WORK	DATES
Name _____		From
Address _____		
_____		To
Telephone ( ) _____		
Name _____		From
Address _____		
_____		To
Telephone ( ) _____		
Name _____		From
Address _____		
_____		To
Telephone ( ) _____		

**NOTE:** Any additional information pertaining to education or experience may be listed below. **If you have passed the Block, Exporior or Thompson Prometric Test through another city attach a copy your Certificate of Competency or Test Results, passing by 75% or more.**

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**CERTIFICATE OF APPLICANT**

I certify that all answers and statements herein contained are true. I hereby authorize verification of the information given on this application.

If said certificate is granted to me, I will install, operate, and repair facilities in accordance with all of the rules and regulations of the Unified Government WYCO/KCK.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Seal) \_\_\_\_\_ Notary Public \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_.

My Commission expires \_\_\_\_\_

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**RECOMMENDATION - CHIEF BUILDING INSPECTOR**

Written Examination Required \_\_\_\_\_  
Date

Certificate Granted (Without Exam) \_\_\_\_\_  
Date

Certificate Refused \_\_\_\_\_  
Date

REMARKS:

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