

CITY OF SCOTTSBLUFF, NEBRASKA

APPLICATION FOR APPRENTICE REGISTRATION

TO THE PLUMBING INSPECTOR OF THE CITY OF SCOTTSBLUFF, NEBRASKA

The undersigned hereby makes application for the registration card as an apprentice _____ in accordance with City Ordinance.

1. _____
NAME (Last) (First) (Middle) Home Mailing Address

_____ Date Place of Birth

Business/Home/Cell Phone

_____ Present Employer Signature

Social Security Number

2. EXPERIENCE RECORD:

Former Employer's Names and Addresses	Position	Date(s) From:	To:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant's Signature

Do Not Write Below This Line: For Office Use Only

The above application approved and registration card for same issued this:
_____ day of _____, _____.

Plumbing Inspector

Registration Number: _____

