



Seattle Department of Construction and Inspections
Trades Licensing
700 Fifth Ave, Suite 2000
P. O. Box 34019
Seattle, WA 98124-4019
Ph: (206) 684-5174 Fax: (206) 386-4039

APPLICATION

For Refrigeration Journeyman Mechanic License

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Birthdate: _____

Email: _____

I certify that the information on this application is true:

Signature of Applicant _____ *Date*

License type (check one): Freon Only Ammonia Only Both

----- *For office use only* -----

Data Entered By: _____ Date: _____

License Issued: Yes No

Customer Number: _____

Print your name: _____

Check one of the following:

Three years full-time
qualifying experience

Two years training in a recognized
School of Technology, plus one
year actual experience

Two years full-time experience and
graduation from a recognized Trade
School of Refrigeration Technology

RECORD OF EXPERIENCE

Title, Occupation or Trade	Dates of Employment	Nature of your duties. Give details. List the types of refrigeration's you are familiar with.	Name and address of Employer
	Years: Months: From: To:		
	Years: Months: From: To:		
	Years: Months: From: To:		

EDUCATION AND TRAINING RELATED TO REFRIGERATION

Name of Course	Name of Institution	Course Length/Completion Date	Course Description (include subjects covered)