



Risk Reduction

A division of the
Manhattan Fire Department

Scott French, Fire Chief

2000 Denison Ave. ♦ Manhattan, KS 66502 ♦ 785-587-4506 ♦ Emergency Dial 911

INDIVIDUAL TRADE LICENSE APPLICATION

DATE: _____ RECEIPT: _____
License# _____ Block Score: _____

APPLICANT NAME _____ PHONE NUMBER _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

Please select the type of license.

| | | | |
|------------------|------------------------------|--------------------------|---------------------------------|
| | Master - \$40/2 years | | Journeyman - \$20/2years |
| Electrician | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mechanical | <input type="checkbox"/> | | <input type="checkbox"/> |
| Plumber With Gas | <input type="checkbox"/> | | <input type="checkbox"/> |
| Drainlayer | <input type="checkbox"/> | | <input type="checkbox"/> |
| Irrigation | <input type="checkbox"/> | | <input type="checkbox"/> |
| Sheetmetal | <input type="checkbox"/> | | <input type="checkbox"/> |

*Applicants must provide proof of minimum exam score of 75%
 *All persons applying for Master license must have 4 years practical experience.
 *All persons applying for Journeyman license must have 2 years practical experience.
 *Fees are not prorated.

EDUCATION: Please list relevant college, vocational or trade education.
 Name of School(s): _____
 Address: _____
 City, State, Zip: _____
 Dates Attended: _____

EMPLOYMENT RECORD: Please list present employer first. (May attach additional sheets)

Name of Employer: _____ **Phone:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Duties: _____ **Employed From:** _____ **To:** _____

Name of Employer: _____ **Phone:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Duties: _____ **Employed From:** _____ **To:** _____

I certify that all statements made in this application are true, and I understand that any false statements on this application shall be considered sufficient cause for disqualification.

If applying online, check the box to acknowledge this.

If applying via paper, please sign and date.

SIGNATURE DATE

*Applications are not valid until all paperwork and payments are received by the Code Services Office.
 It is our policy to provide individuals with disabilities and equal opportunity to participate in, and enjoy the benefits of, our services, programs and activities. In order for us to provide a suitable accommodation, we ask that you request what assistance you desire by contacting the Risk Reduction Department, 2000 Denison Ave, Manhattan, KS, or by calling (785) 587-4506 or call the TDD Kansas Relay center at (800) 766-3777. We are here to assist you.

