

NOTE: FORMS ARE TO BE SUBMITTED TO MIKE FAGAN, CHIEF MECHANICAL INSPECTOR, OR ANN RANDOLPH CHIEF PLUMBING INSPECTOR FOR SCHEDULING OF TRAINING AND APPROVAL.

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

Plumbing     Gas    Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
\*\*\*STAFF USE ONLY\*\*\*

Business Name: \_\_\_\_\_

License No.: \_\_\_\_\_

Qualifier's Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Business Address: \_\_\_\_\_

Fax No.: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mobile No.: \_\_\_\_\_

The fore mentioned business is requesting review and approval for the City of Tallahassee, Appliance Sticker program.  
As the qualifier, I understand the following conditions apply:

- Each employee involved with this program must attend a training class
- Each employee named below shall have experience and work history, for the past three years, reviewed for approval
- Only employees named below that have been approved shall be allowed to perform work under this program
- It is my responsibility to advise the City of Tallahassee when an employee is no longer employed with my business

1. Employee Name: \_\_\_\_\_

Experience: \_\_\_\_\_

Work History: \_\_\_\_\_

2. Employee Name: \_\_\_\_\_

Experience: \_\_\_\_\_

Work History: \_\_\_\_\_

3. Employee Name: \_\_\_\_\_

Experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Work History: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. Employee Name: \_\_\_\_\_

Experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Work History: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Employee Name: \_\_\_\_\_

Experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Work History: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. Employee Name: \_\_\_\_\_

Experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Work History: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_