



APPLIANCE STICKER PROGRAM APPLICATION

APPLICANT SERVICES
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BUILDING INSPECTION
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Mailing : 300 South Adams St., B-28
Tallahassee, Florida 32301

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Location: 435 N Macomb St.
Tallahassee, Florida 32301

NOTE: APPLICATIONS ARE TO BE SUBMITTED TO KENNETH LOCKE, CHIEF MECHANICAL INSPECTOR, OR DANIEL MANN, CHIEF PLUMBING INSPECTOR FOR SCHEDULING OF TRAINING AND APPROVAL.

Application Date: _____

<input type="checkbox"/> Plumbing <input type="checkbox"/> 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: _____