



APPLICATION PROVIDED TO SHEET METAL SYSTEMS BOARD: _____
For internal purposes only CITY OF ALLENTOWN ORDINANCE # 1710

PLEASE PRINT OR TYPE CLEARLY

PICK ONE EXAM DATE AND PLACE AN "X" IN THE BOX TO THE RIGHT OF THE DATE

APPLICATION DEADLINE: Friday, January 24, 2025 EXAM: Friday, February 07, 2025	<input type="checkbox"/>	APPLICATION DEADLINE: Friday, July 25, 2025 EXAM: Friday, August 08, 2025	<input type="checkbox"/>
APPLICATION DEADLINE: Friday, April 25, 2025 EXAM: Saturday, May 10, 2025	<input type="checkbox"/>	APPLICATION DEADLINE: Friday, October 31, 2025 EXAM: Saturday, November 15, 2025	<input type="checkbox"/>

LICENSE NUMBER: _____ PERMIT NUMBER: _____

ATTACH PROOF OF ENROLLMENT IN AN APPRENTICE PROGRAM
CERTIFICATION TYPE

PLACE AN "X" ON THE LINE NEXT TO THE TYPE OF CERTIFICATION FOR WHICH YOU ARE APPLYING. CERTIFICATION FEES ARE NON-REFUNDABLE WITHOUT SHEET METAL LICENSING BOARD APPROVAL

SHEET METAL SYSTEMS TECHNICIAN LICENSE: _____ \$180.00

SHEET METAL SYSTEMS APPRENTICE PERMIT: _____ \$90.00

EMPLOYMENT INFORMATION

EMPLOYER'S NAME: _____ YEARS OF SERVICE: _____

COMPANY NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMPLOYMENT INFORMATION

EMPLOYER'S NAME: _____ YEARS OF SERVICE: _____

COMPANY NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

OTHER CURRENT SHEET METAL SYSTEM LICENSES HELD. IF ADDITIONAL SPACE IS NEEDED, ATTACH A SHEET TO THE APPLICATION

1. _____ 3. _____
2. _____ 4. _____

IMPORTANT: Before a permit can be issued, the applicant shall furnish a Certificate of Insurance (Workmen's Compensation, Bodily Injury, Property Damage), unless a Certificate of Insurance is currently on file with the City of Allentown, Bureau of Building Standards and Safety.

EDUCATION

IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH A SHEET TO THE APPLICATION

HIGH SCHOOL: _____ **YEAR GRADUATED:** _____

COLLEGE: _____ **YEAR GRADUATED:** _____

TECHNICAL SCHOOL/S: _____ **YEAR GRADUATED:** _____

_____ **YEAR GRADUATED:** _____

PRACTICAL EXPERIENCE AND/OR APPRENTICE PROGRAMS: _____

APPLICATION STATEMENT

I WILL ABIDE BY ALL CODES AND ORDINANCES OF THE CITY OF ALLENTOWN

If granted a Sheet Metal Systems License or Apprentice Permit under this application:

- 1. I will NOT permit the use of my license by any other firm or person.**
- 2. I WILL file applications for permits according to the provisions of the State of Pennsylvania Uniform Construction Code, City of Allentown, PA.**

THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

DATE: _____ **APPLICANT'S SIGNATURE** _____

DATE: _____ **NOTARY** _____

MAIL COMPLETED APPLICATION TO THIS ADDRESS

**CITY OF ALLENTOWN, BUREAU OF BUILDING STANDARDS & SAFETY - INSPECTIONS
DIVISION 435 WEST HAMILTON STREET, ROOM 428, ALLENTOWN, PA 18101-1699**

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