

# Master or Journeyman Trade Certificate Application 2024



1941 E. 61<sup>ST</sup> St N  
Park City, KS 67219  
316.744.2026  
Fax 316.744.3865

PLEASE PRINT Name of Person \_\_\_\_\_

Home Address (Not P.O. Box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax Line \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_

**TRADE CERTIFICATE TYPE check one:**

**Master**

- \_\_\_\_\_ Electrical
- \_\_\_\_\_ Mechanical (HVAC and or Refrigeration)
- \_\_\_\_\_ Plumbing
- \_\_\_\_\_ Gas Fitting
- \_\_\_\_\_ Drain Laying Contractor
- \_\_\_\_\_ LP Gas
- \_\_\_\_\_ Lawn Sprinkler

**Journeyman**

- \_\_\_\_\_ Electrical
- \_\_\_\_\_ Residential Wireman
- \_\_\_\_\_ Mechanical
- \_\_\_\_\_ Plumbing
- \_\_\_\_\_ Gas Fitter
- \_\_\_\_\_ Drain Layer
- \_\_\_\_\_ LP Gas
- \_\_\_\_\_ Lawn Sprinkler
- \_\_\_\_\_ Residential Sheet-metal

Company Name or Current Employer \_\_\_\_\_

Company or Current Employer Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

The City of Park City recognizes and will honor equivalent City of Wichita, Sedgwick County, ICC, IAPMO and/or Block Certificates as proof of qualifications to purchase a City of Park City trade certificate. **Copies of proof of qualifications must be provided.** The City of Park City reserves the right to refuse to issue a certificate to any person if it is believed to be in the best interest of the citizens of Park City. By signing this form, said certificate holder agrees to submit permit applications for projects within the City Limits of Park City and abide by all laws and ordinances. Any certificate holder who willfully violates any portion of the Municipal Code of the City of Park City may have his/her certificate revoked. **The annual fee for any City of Park City trade certificate is \$12.50** and is not prorated for any portion of any given year. The City will accept checks or cash. Credit Card payments can be made in person or by FAX; with a follow-up phone call. There is a \$2.50 convenience fee charged by the credit card company. **DO NOT PUT CREDIT CARD INFORMATION ON YOUR APPLICATION;** a clerk will call you for processing.

**For approval please attach a copy of either your Sedgwick County or Wichita certificate or other proof of 6 hours of Continuing Education Credit including 3 hours of Code Based Continuing Education as required by State Statute.**

The undersigned makes application to the board of examiners and appeals for a certificate of the class indicated above. The statements and answers contained herein are true to the best of my knowledge and belief.

Individual Name - please print \_\_\_\_\_

**Signature REQUIRED** \_\_\_\_\_

City/County or Block Certificate No. \_\_\_\_\_

Date of Expiration \_\_\_\_\_

Office Use Only			
Park City Certificate #		Certificate Fee: <b>\$12.50</b>	
License #		Continuing Education Credit?	
		Approved By	