



## Certificate of Qualification Application

Town Of Jackson  
PO Box 1687  
Jackson, Wyoming 83001

Phone: (307) 733-0520

Fax: (307) 734-3563

[www.townofjackson.com](http://www.townofjackson.com)

Instructions: All information on this form must be fully completed. Failure to complete any item will delay the processing of your application. **Specify the trade for which you are applying:** General, Building, Residential, Electrical, Low Voltage Electrical, Plumbing, HVAC, Wood Stove/Gas Stove Installer, Lawn Sprinkler Installer, Water Conditioning Installer, Refrigeration, or Fire Sprinkler Installer. **Specify the Type of Certification:** Master, Journeyman, or Apprentice. Provide letters of reference on the attached form. Please complete the attached work history sheet. Provide adequate information to prove the required minimum time in service has been completed in the trade certification for which you are applying. For detailed information on the time in service requirements please refer to the Town of Jackson Contractor License Ordinance or call the Town of Jackson Building Department. All payments shall be made at the time of application and shall be non-refundable. Initial fee \$50.00 Renewal fee \$25.00.

New Application    Renewal    Updated Information   If Renewal, Certificate of Qualification# \_\_\_\_\_

Specify Contracting Trade : \_\_\_\_\_ (General, Building, Residential, Plumbing, HVAC, etc.)

Type of Certification \_\_\_\_\_ (Master, Journeyman, Apprentice)

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Phone Number (\_\_\_\_) \_\_\_\_\_

The undersigned hereby certifies that the foregoing information is accurate and agrees to comply with all laws and ordinances of the Town of Jackson applicable to the subject matter thereof.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only

Application Approved

Application Denied

reason: \_\_\_\_\_

\_\_\_\_\_

## APPLICATION WORK HISTORY

Provide your professional experience as shown below. List all time chronologically BEGINNING with the earliest engagement after any formal education. Under time engaged enter only that time spent in the trade for which you are applying. This portion of the application must be completed. ***Resumes are not acceptable as substitutes.***

	Date		Description Present a brief narrative of your responsibilities on the job	Time Engaged		Name, Address, and Phone Number of Employer
	From	To		Years	Months	
1.						
2.						
3.						
4.						
5.						
6.						
7.						

If you need additional space, photocopy this sheet and attach it to the application.