City of Bismarck
Community Development Department
Building Inspections Division
Phone: 701-355-1465 * FAX: 701-222-6450 * TDD: 711
PO Box 5503 * Bismarck, ND 58506-5503
buildinginspections@bismarcknd.gov

*Last Revised 1/9/2018*

# APPRENTICE LICENSE APPLICATION

| REQUIRED DOCUMENTS |
|---|
| ☐ State or Federal Photo Identification |
| ☐ Complete Application |
| ☐ Copy of Transcript (If using towards work experience) |
| ☐ Information Waiver |
| ☐ License Fee - $35.00 |

| GENERAL INFORMATION | | |
|---|---|---|
| Name : | | Date of Birth: |
| Address: | | |
| City: | State: | Zip Code: |
| Phone Number: | | |
| Email Address: | | |

| MECHANICAL EXPERIENCE | | |
|---|---|---|
| Current Employer: | | |
| City | State | Zip Code: |
| Type of Work: | From: | To: |
| Contact Name: | Contact Phone Number: | |
| Previous Employer: | | |
| City | State | Zip Code: |
| Type of Work: | From: | To: |
| Contact Name: | Contact Phone Number: | |
| Trade School: | | |
| City | State | Zip Code: |
| Degree Type: | From: | To: |
| Contact Name: | Contact Phone Number: | |

I certify that all information contained in this application and any attachments is true and complete to the best of my knowledge. I understand that any willful misrepresentation, false statement, or omission by me in the application process will be cause for rejection.

Applicant's Signature _____ Date _____