



APPLICATION FOR TRADE CONTRACTORS LICENSE

To avoid delays in processing, please make all checks payable to MABCD

(American Express, Discover, MasterCard, Visa, Cash or Checks accepted)

Mark Appropriate License:

Electrical

Mechanical

Plumbing

or one of these individual licenses:

Elevator/Escalator

Fire Suppression

Solid Fuel

Lawn Irrigation

Water Conditioner

Handicap Accessibility

Refrigeration

Gas Fitter

Drain Layer

Sheet Metal

Drain Cleaner

All licenses are \$360.00

All licenses expire December 31st on odd years. No permits will be issued or inspections schedule on an expired license.

*If you hold an Air Conditioning License and Master Certificate then the Refrigeration License and Certificate are free
If you hold a Plumbing License and Master Certificate then the Drain Layer and Lawn Irrigation License and Certificate are free.*

CURRENT CERTIFICATE OF INSURANCE FOR GENERAL LIABILITY, AUTO, AND WORKMAN'S COMP MUST BE ON FILE. PLEASE CHECK WITH YOUR INSURANCE AGENT TO ENSURE THAT ALL CERTIFICATES OF INSURANCE ARE ON FILE WITH THIS OFFICE.

NEW _____

RENEWAL _____

NAME OF BUSINESS _____

BUSINESS ADDRESS _____ CITY _____

STATE _____ ZIP _____ - _____ TELEPHONE (____) _____

COMPANY EMAIL ADDRESS: _____ QP/MASTER EMAIL ADDRESS: _____

BUSINESS CONDUCTED AS: INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION _____ LLC _____

MASTER/QUALIFIED PERSON IN ORGANIZATION RESPONSIBLE FOR WORK

Individual Master/Qualified Person Name	CERT # CER-1234	BUS LIC # BUSYYYY-5678

PERSON(S) AUTHORIZED TO OBTAIN PERMITS AND REQUEST INSPECTIONS:

NAME: _____ OFFICE OR POSITION: _____

NAME: _____ OFFICE OR POSITION: _____

NAME: _____ OFFICE OR POSITION: _____

NAME: _____ OFFICE OR POSITION: _____

NAME: _____ OFFICE OR POSITION: _____

(PLEASE COMPLETE BACK SIDE)

THE FOLLOWING MUST BE ANSWERED:

- Are there any liens, suits or judgements now pending against you or the business party? (check one) Yes No
- Have you or the organization filed for bankruptcy during the past year? (check one) Yes No
- Who is financially responsible for the business? _____
- Has the Qualified Person (Master) and/or owner been convicted of a felony? (check one) Yes No
- Has the Qualified Person been listed as the Qualified Person for any other company, past, or present in the City of Wichita or Sedgwick County? YES NO

List the full name, title and address of individual owner and all partners or officers. Include the qualified person for Corporate Licenses when not an officer in the corporation:

NAME _____ POSITION _____
MASTER CERTIFICATE HOLDER/QUALIFIED PERSON

ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME _____ POSITION _____
OFFICER/PARTNER/CO-OWNER

ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME _____ POSITION _____
OFFICER/PARTNER/CO-OWNER

ADDRESS _____ CITY _____ STATE _____ ZIP _____

IN SUBMITTING THIS APPLICATION, it is understood that the applicant whose signature appears below as the qualified person agrees to comply with the provisions of all applicable codes pursuant to this application, fully realizing that it is necessary for at least one active member of a firm to have a current master certification, that it is unlawful for a licensee to allow his/her name or license to be used by another.

I (we) certify that the statements contained herein are true to the best of my (our) knowledge and belief. I (we) understand any falsification of information on this application is justification for cancellation and recall of the master certificate and/or license.

MASTER CERTIFICATION HOLDER/QUALIFIED PERSON	DATE	OFFICER/PARTNER/CO-OWNER	DATE
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OFFICER/PARTNER/CO-OWNER	DATE	OFFICER/PARTNER/CO-OWNER	DATE
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NOTE: An **INDIVIDUAL** must sign this application personally. A **PARTNERSHIP** application must be signed and acknowledged by each member. A **CORPORATION** application must be signed by an officer of the corporation legally authorized to sign corporation documents. The **MASTER CERTIFICATE HOLDER/QUALIFIED PERSON** must always sign.

OFFICE USE ONLY

_____ Issue the License Refuse the License _____

Date: _____ Approved by: _____