



City of Rochester, Minnesota
 4001 W River Parkway NW, Suite 100
 Rochester, MN 55901-7090

Phone: 507-328-2600
 Fax: 507-328-2601
 Email: buildingsafety@rochestermn.gov

CERTIFICATE OF COMPETENCY APPLICATION MASTER INSTALLER

Check type of Competency Card:

- Warm Air Heating and Ventilation
- Hot Water & Low Pressure Steam Heating
- Refrigeration & Air Cooling
- Gas Piping
- Factory-built Fireplaces, Stoves, & Chimneys

Process Summary:

- Submit completed Application for Certificate of Competency form with \$25 application processing fee to: Community Development Department, 4001 West River Pkwy NW, Suite 100, Rochester, MN 55901. Payment **must** accompany the application.
- If eligibility is not approved, your application will be returned with a letter of explanation. If you are not approved, you will receive this information approximately 10 business days after you mail your application.
- If eligibility is approved, you will receive a Candidate Information Bulletin and letter with information regarding test dates and procedures.
- The application will be returned to you if: 1) you do not meet the minimum requirements; 2) the application is incomplete; or 3) the \$25 fee is not included.

Candidate Information:

Candidate Name:	E-mail address:
Candidate Home Address:	Home Phone:
City, State, ZIP	
Business Address:	Business Phone:
City, State, ZIP	

Employment History:

Name and address of employers (start with present employer)	Date of Employment		Duties (including equipment worked on)
	From	To	
1.			
2.			
3.			
4.			

Eligibility:

- Based on the information you provide in this application, the Building Official will determine if you possess the education and experience to qualify for taking an examination. Please refer to Rochester Code of Ordinances Chapter 4-3, Section 4-3-9(c) for minimum work experience requirements.

Record of Related Training:

- Proof of education must accompany the application or you will not be eligible for examination and your application will be returned. Documentation must be provided in the form of diplomas, transcripts, certificates, etc. to prove that you meet the qualifications to take an exam.

Name of School	Course of Study	Dates		Did you Graduate?	Degree/Certificate
		From	To		
College/Trade School					
College/Trade School					
College/Trade School					
Special Courses					

General Information:

- List any competency cards or licenses that you currently hold from other cities. (You must attach copies of all current cards).

City or other jurisdiction	Type of License or Competency Card
1.	
2.	
3.	
4.	

State of Minnesota County of _____ ss.		Read the following statement carefully and sign this application (below) in the presence of a Notary:	
Subscribed and sworn before me this _____ day of _____, 20 _____ Notary Public: _____		I attest that the information provided on this application is true and complete to the best of my knowledge. I understand that providing false information could result in the loss of my competency card. I authorize the City of Rochester to verify this information to determine if I am qualified for the examination for which I am applying. I hereby authorized all current and previous employers to release job-related information upon the written request of the City of Rochester.	
Printed name	Date	Signature	

FOR OFFICE USE ONLY

Application received: Date _____ By (initials) _____	Application approved: Yes _____ No _____ If no, indicate date it is returned to candidate _____
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