MECHANICAL MASTER CONTRACTOR EXAM

EXAM SCHEDULE
The MECHANICAL MASTER CONTRACTOR Exam shall be given on the 3rd Wednesday of January, April, July and October.

TIME & LOCATION OF EXAM
The exam will begin at 9:00 a.m. (Late arrivals will **NOT** be allowed to test.)
The exam can take up to 8 hours and is in 4 parts.

100 Questions / Open Book
Manual J Quiz
Duct Sizing Quiz
Lincoln Gas Code Exam

All portions of the exam will be given at the

Associated Builders and Contractors (ABC)
830 Westgate Blvd, Lincoln, NE

A map of the location is attached. Please review directions to the exam location before the test day, if you are not familiar with the area.

BRING TO EXAM
The following is a list of items to bring to the test:

- Pencils/Pens/Calculator
- 2009 IMC & IMC Adoptive Ordinance
- 2009 IFGC & IFGC Adoptive Ordinance
- City of Lincoln Gas Piping Code Book
- ACCA Manual J Seventh Edition
- Optional: Refreshments (coffee, soda, snacks)

Cell phones and other electronic devices are not allowed at exam site.

ELIGIBILITY TO TEST
Your exam application will be reviewed. **If it is found that you are ineligible to take the exam. I will notify you and your exam fee will be refunded.**

Please call me at 441-6419 if you have any questions.

Steve Hartsock
Chief Mechanical Inspector
Department of Building & Safety
City of Lincoln, NE

DETACH THIS PAGE AND SAVE FOR YOUR RECORD

Associated Builders and Contractors (ABC)

830 Westgate Blvd
Lincoln, NE

Lincoln, NE
Paper-and-Pencil Examination Application

STEP 1: Enter your name, address, and other candidate information.

Exam Candidate Information—PRINT LEGIBLY **ALL FIELDS BELOW REQUIRED EXCEPT AS NOTED.**

Full Legal Name: _____ ICC or Pearson ID _____
(if you have tested previously)

Mailing Address: _____ City: _____ State: _____ Zip: _____

(____) _____ (____) _____
Primary Telephone Number: _____ Home _____ Work Secondary Number (optional)

E-mail: _____

STEP 2: Select your exam date and location for when and where you wish to test.

□ Lincoln, NE

EXAM DATES	DEADLINE TO REGISTER	EXAM DATES	DEADLINE TO REGISTER
□ January 21, 2015	January 7, 2015	□ July 15, 2015	July 1, 2015
□ April 15, 2015	April 1, 2015	□ October 21, 2015	October 7, 2015

STEP 3: Read the Important Notes section.

Important Notes

- Applications may be submitted by U.S. mail, courier, or fax.
- Applications must be received by the deadline date.
- A photo identification, such as a driver's license, will be required for admittance to the examination.
- References needed for taking the exams can be purchased from the Code Council by calling 1-800-786-4452 or at www.iccsafe.org/store.
- If you have a physical disability that prohibits you from taking an examination under standard conditions, you may request special arrangements. Your letter of request must accompany this application, along with a completed special accommodations form. This form may be obtained by telephoning us at 1-888-422-7233. The request must be submitted and approved by the Code Council by the registration deadline for the test you wish to take.

STEP 4: Select the exam you wish to take.

Exam ID and Title	Starting Time
□ 208 Journeyman HVAC	8:00 a.m.
□ 199 Master Mechanical Contractor	8:00 a.m.

STEP 5: Sign your application, attesting all information entered is true.

I have a copy of the current ICC Examination Information Bulletin for my exam program. (If you do not have a copy of the Bulletin, go to www.iccsafe.org/contractor.)

I hereby certify that I am the person indicated above that all the information I have given herein is true and complete to the best of my knowledge, and that any false statement will be cause for voiding this application and/or subsequent applications.

I authorize my score to be reported to each licensing jurisdiction in the examination program.

I further certify that I understand the secure and confidential nature of the examination, and will not reveal the contents of the examination to anyone. I hereby affirm that I will abide by the rules of the examination that are found in the ICC Examination Information Bulletin for my exam program.

Signature: _____ Date: _____

OFFICE USE ONLY

Candidate ID: _____ Requirements met: _____ Date processed: _____ Initials: _____

EXAMS

Receipt # _____ Date: _____

DEPARTMENT OF BUILDING & SAFETY
555 SOUTH 10TH STREET, ROOM 203
LINCOLN, NE 68508
lincoln.ne.gov/city/build/

If you are retaking an exam within 6 months of your first exam, you may stop after the "Application for:" section

NAME _____
(Type or Print)

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE (____) _____

Application for:

- Please check one -

ELECTRICAL EXAM
- ☐ Master $50.00
- ☐ Journeyman $50
- ☐ Maintenance $50.00

DECO FIREPLACE/GAS LOG EXAM
- ☐ Contractor $50.00
- ☐ Installer $50.00

MECHANICAL EXAM
- ☐ Master Contractor $150.00
- ☐ Journeyman Tech $100.00

PLUMBING EXAM
- ☐ Master $208.00
- ☐ Journeyman $183.00

GAS FITTER EXAM
- ☐ Master $30.00
- ☐ Journeyman $30.00

WATER CONDITIONING EXAM
- ☐ Contractor $30.00
- ☐ Installer $30.00

FIRE SPRINKLER EXAM
- ☐ Contractor $40.00
- ☐ Journeyman $40.00

GAS EXTINGUISHER EXAM
- ☐ Contractor $40.00
- ☐ Journeyman $40.00

WET/DRY CHEMICAL EXAM
- ☐ Contractor $40.00
- ☐ Journeyman $40.00

--- If you are **retaking** an exam **within 6 months** of your **first exam**, you may stop here---

Application Deadline: the completed application form and fees must be received in the Department of Building & Safety two weeks prior to the exam date.

List appropriate **LICENSES or CERTIFICATES** issued to you by other governmental agencies:

1. Type: _____ Issued by: City ☐ State ☐ (Check one)

Exam Date _____/_____ (Month/Year) Registration #: _____

2. Type: _____ Issued by: City ☐ State ☐ (Check one)

Exam Date _____/_____ (Month/Year) Registration #: _____

EMPLOYMENT

1. Present: _____ Address _____

City _____ State _____ Zip _____ Phone (_____) _____

Owner's/Supervisor's Name _____

Employed from _____/_____ (Month/Year) to Present Type of Work _____

2. Previous: _____ Address _____

City _____ State _____ Zip _____ Phone (_____) _____

Owner's/Supervisor's Name _____

Employed from _____/_____ (Month/Year) to _____/_____ Type of Work _____

3. Previous: _____ Address _____

City _____ State _____ Zip _____ Phone (_____) _____

Owner's/Supervisor's Name _____

Employed from _____/_____ (Month/Year) to _____/_____ Type of Work _____

3. Previous: _____ Address _____

City _____ State _____ Zip _____ Phone (_____) _____

Owner's/Supervisor's Name _____

Employed from _____/_____ (Month/Year) to _____/_____ Type of Work _____

EDUCATION

College / University _____ City, State _____

Type of Course _____ Degree _____ Year Completed _____

Course completed appropriate to application:

1. Name of School _____ City, State _____

   Type of Course _____ Started _____ Completed _____
   Date Date

2. Name of School _____ City, State _____

   Type of Course _____ Started _____ Completed _____
   Date Date

3. Name of School _____ City, State _____

   Type of Course _____ Started _____ Completed _____
   Date Date

EXPERIENCE

List Two MAJOR PROJECTS that you have worked on within the past year:

1. Name _____ Address _____

   Type of Work _____

2. Name _____ Address _____

   Type of Work _____

List **PROJECTS** you have worked on in the **PREVIOUS THREE YEARS**:

1. Name _____ Address _____

   Type of Work _____

2. Name _____ Address _____

   Type of Work _____

3. Name _____ Address _____

   Type of Work _____

4. Name _____ Address _____

   Type of Work _____

List below any ADDITIONAL INFORMATION or WORK EXPERIENCE that may be valuable to the Board of Examiners:

_____

_____

_____

_____

_____

_____

I hereby grant permission the Board of Examiners to contact employers, schools or individual persons named on this application for verification of the information submitted.

False information submitted will be *grounds to void* the application or *revoke* a Certificate issued.

X _____

Signature of Applicant