Exam Application for
Water Conditioning ☐ Installer ☐ Contractor

*If exam accommodations are needed, please be sure to complete page 3.*

The application deadline is the 15th of March, June, September and December at 9:00 AM for testing in May, August, November and February.

Please list your full legal name. Include “Jr.”, “Sr.”, and “III” as appropriate.

<table>
<thead>
<tr>
<th>Applicant Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Phone (required):</td>
</tr>
<tr>
<td>Fax:</td>
</tr>
<tr>
<td>City/State/Zip:</td>
</tr>
<tr>
<td>Email (optional):</td>
</tr>
</tbody>
</table>

Name and Address of Current Employer or Name of Business (if you are now a contractor):

<table>
<thead>
<tr>
<th>Company Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Phone (required):</td>
</tr>
<tr>
<td>Fax:</td>
</tr>
<tr>
<td>City/State/Zip:</td>
</tr>
<tr>
<td>Email (optional):</td>
</tr>
</tbody>
</table>

Do you have a Water Conditioning Installer’s license? ☐ Yes ☐ No

Where Issued: ____________________________

Applicant Signature: _________________________ Date: _______________________

List the names, addresses, phone numbers, and businesses of three people who will verify that the applicant has been engaged in the plumbing industry as stated above.

<table>
<thead>
<tr>
<th>Name #1:</th>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City/State/Zip:</td>
<td></td>
</tr>
<tr>
<td>Business Name:</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name #2:</th>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City/State/Zip:</td>
<td></td>
</tr>
<tr>
<td>Business Name:</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name #3:</th>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City/State/Zip:</td>
<td></td>
</tr>
<tr>
<td>Business Name:</td>
<td></td>
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</tbody>
</table>
All applications for examination must include the testing fee. No application will be processed without the testing fee. The applicant may not postpone an examination or receive a refund without Plumbing Board approval.

Test fee for Water Conditioning Installers is $25.00.
Test fee for Water Conditioning Contractors is $25.00.

Section 49-271—Applicant qualifications

(a) A water conditioning contractor applicant or former licensee shall provide evidence of a minimum of four years practical experience in the installation and sizing of water conditioning appliances in order to be eligible to sit for the water conditioning contractor license examination.

(b) A water conditioning installer applicant or former licensee shall provide evidence of the successful completion of a one year apprenticeship and 100 hours of organized, plumbing board approved instruction relevant to the installation, repair and sizing of water conditioning appliances in order to be eligible to sit for the water conditioning installer license examination.

Signature: _______________________________ Date: _______________________________

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If you wish to pay by credit card please complete the following form.

<table>
<thead>
<tr>
<th>I authorize the City of Omaha to charge my account for the attached fees.</th>
<th>I am paying my fee.</th>
<th>My employer is paying my fee.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name on credit card:</td>
<td>Card Number:</td>
<td>Expiration Date:</td>
</tr>
<tr>
<td>□ VISA</td>
<td>□ MASTERCARD</td>
<td></td>
</tr>
<tr>
<td>Billing Address:</td>
<td>City/State/Zip:</td>
<td></td>
</tr>
<tr>
<td>Signature</td>
<td>Print Name</td>
<td>Date</td>
</tr>
</tbody>
</table>

Visit the Planning Department’s site on the Internet at www.cityofomaha.org/planning/
The Plumbing Board wants to know if you require any accommodations for testing.

Please indicate if you require special testing accommodations, examples may include, but are not limited to: audio version of the exam, additional time, etc. In order to request accommodations, you will need to prove to the Plumbing Board that you require testing accommodations.

I require testing accommodations for the Plumbing Exam.  

☐ Yes  ☐ No

If “Yes” is indicated:

The type of testing accommodations I am requesting are:

I understand it is my responsibility to provide documentation proving that my accommodations are necessary.

Signature: ___________________________  Date: ________________________