

APPLICATION FOR REGISTRATION AS A FIRE SUPPRESSION APPRENTICE



BUILDING & SAFETY DEPARTMENT
Bureau of Fire Prevention
 555 S. 10th St., Suite 203, Lincoln, NE 68508
 P: 402-441-7521



I, _____, hereby make application for Registration
 (Please print applicant's name)
 as a Fire Suppression Apprentice in accordance with the City of Lincoln, Nebraska, Fire Code.

Sprinkler System W/D Chemical Gas Extinguish

Home Address _____ City _____ State _____ Zip _____
 Home Phone Number _____ - _____ Work Phone Number _____ - _____
 Business Address _____
 Present Employer _____

History of Employment as a Fire Suppression Apprentice

Employer	Date Began Work	Date Finished Work

I agree that any false statement herein made is just cause for cancellation of the Apprentice Certificate and I further agree without reservation to abide by all laws and rules of the appropriate city codes.

Signature of Applicant

The registered Master Contractor employing the above Apprentice shall sign this application.

Signature of Master Contractor

Date