



Seattle Department of Construction and Inspections
Trades Licensing
700 Fifth Ave, Suite 2000
P. O. Box 34019
Seattle, WA 98124-4019
Ph: (206) 684-5174 Fax: (206) 386-4039

APPLICATION

For Gas Piping Mechanic License

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Birthdate: _____

Email: _____

I certify that the information on this application is true:

_____ Date: _____
Applicant Signature

----- *For office use only* -----

Data Entered By: _____ Date: _____

License Issued: ☐ Yes ☐ No

Customer Number: _____

Name: _____

You must have one of the following (check one):

- ☐ 6 months experience as a gas piping mechanic or an unlicensed worker supervised by a gas piping mechanic, or a combination of the two, *or*
- ☐ A certificate of completion from a board-approved gas piping mechanic class, *or*
- ☐ A valid plumber’s license

RECORD OF EXPERIENCE

(Experience must be uninterrupted and full-time)

Title, Occupation or Trade	Dates of Employment	Nature of your duties. Give details. List the types of gas piping installations you are familiar with.	Name and address of Employer
	Years: Months: From: To:		
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EDUCATION AND TRAINING RELATED TO GAS PIPING

Name of Course	Name of Institution	Course Length/Completion Date	Course Description (include subjects covered)