**APPLICATION FOR BOILER OPERATOR, ENGINEER’S AND FIREMAN’S CERTIFICATION**

Class of Certification applying for:
- □ Class I Chief Operating Engineer
- □ Class II Operating Engineer
- □ Class III Operating Engineer
- □ Class IV Boiler Fireman
- □ Class V Boiler Fireman

1. Name: ___________________________________________  
   LAST NAME  FIRST NAME

2. Mailing Address: ___________________________________  
   NUMBER & STREET/PO BOX  CITY  STATE  ZIP CODE

3. Home Phone: ___________________  Work Phone: ___________________

4. How many years have you operated high and/or low pressure boilers? ____________________

5. Have you served as an apprentice, trainee or helper in a high and/or low pressure boiler plant?  
   □ Yes  □ No  
   If yes, where? ________________________________________________  Dates: ____________________

6. Have you attended a recognized school of technology and/or training program in Stationary Engineering or completed any related classes?  
   □ Yes  □ No  
   If yes, where? ________________________________________________  Dates: ____________________

7. If applying for the Class IV Boiler Fireman, have you completed the required hours of observation?  
   □ Yes  □ No

Complete the following employment history, beginning with current or most recent employer where you have trained, maintained or operated low and/or high pressure boilers. (List additional remarks, history, certification, and/or licenses from other jurisdictions to help qualify you for certification.) Use additional sheets as required.

Employer: ___________________________________________  Employment From: / /  To: / /  
   Month Year  Month Year
   Address: ___________________________________________  Phone: ______________
   NUMBER & STREET/PO BOX  CITY  STATE  ZIP CODE
   Position and Duties: ___________________________________________  

Employer: ___________________________________________  Employment From: / /  To: / /  
   Month Year  Month Year
   Address: ___________________________________________  Phone: ______________
   NUMBER & STREET/PO BOX  CITY  STATE  ZIP CODE
   Position and Duties: ___________________________________________  

I hereby certify that the information on this application is true.

Applicant’s Signature: ___________________________  Date: ___________________________

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**FOR OFFICIAL USE ONLY**

Examination Date: ___________________________  Written □  Oral □  Examiner’s Remarks: ___________________________  

BTC #: ___________________________  Examiner’s Signature: ___________________________  

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*The application/certification fee prorates quarterly. Pay $60 from June 1 through October 31. Pay $45 from November 1 through January 31. Pay $30 from February 1 through April 30. Pay $15 from May 1 through May 31. Do not pay this fee if already hold a current certificate and are testing to upgrade to a higher class level.*