

National Association of Stationary Operating Engineers, Inc.

c/o Bullard Industrial Technologies, Inc.
P.O. Box 122
Temperance, MI 48182

(419) 708-2258 Fax: (419) 830-4243
E-mail: BITAdmin@bex.net

LICENSE APPLICANT PERSONAL INFORMATION SECTION

Name: _____ **Birth Date:** ____/____/____
Last, First Middle Month Day Year

Address: _____

City _____ **State:** _____ **Zip/Postal Code:** _____

Home Phone: (____) _____ **Work Phone:** (____) _____

E-mail address: _____ @ _____
Your email address is needed for license renewal notices and NASOE notices that may affect your licensure.

Birth Date: ____/____/____ Check here if a copy of drivers license, State ID, or Passport is attached
Month Day Year Check Here if you are applying for Reciprocal License
____ (Y/N) Check/Money Order Attached? Indicate here if paying by credit card (Provide to Examiner when called)

EMPLOYER INFORMATION SECTION (MOST RECENT)

Current Employer: _____

Address: _____

City _____ **State:** _____ **Zip/Postal Code:** _____

Work Phone: (____) _____, **Supervisor:** _____

EXPERIENCE & LICENSE SECTION

Indicate the license you are applying for:

- Low-Pressure License High-Pressure License Chiller/Refrigeration Lic./End. Turbine; Comb/Stm Lic./End.
- Third-Class License Second-Class License First-Class License Chief's License

____ (Y/N) Existing Licenses Attached? *(required for reciprocal licensure)*

When possible attach your resume. Your resume should list your current duties related to the operation and maintenance of boilers, turbines, chillers, and attach copies of licenses. Also include the sizes of the: Boilers (boiler HP (or pounds per hour and pressure), Turbines/Combustion-Steam (MW or HP), Generators (KW or MW), and Chillers (Tons):

Use an additional or separate sheet if necessary then sign and date the sheet(s).

I certify by the signature below that all information provided on this application form is true.

Applicant's Signature _____ **Date** _____

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EXAMINER SECTION
(To Be Filled Out By Examiner Only)

License Applicant Qualifies for the following Examination (*Reciprocal License write reciprocal by the license that the applicant qualifies*) :

_____	Low Pressure Boiler Operator	_____	3 rd Class Engineer
_____	High Pressure Boiler Operator	_____	2 nd Class Engineer
_____	Stationary Engineer	_____	1 st Class Engineer
_____	Refrigeration/Chiller License/Endorsement	_____	Chief Engineer
_____	Combustion Turbine & Comb. Cycle License/Endorsement	_____	

Examiner's (Verification) Notes:

Approved Not Approved (Explain Above) Proctor: _____

Examiner's Signature _____ **Date** _____

HEADQUARTERS' SECTION
(To Be Filled Out By NASOE Official Only)

Assigned Procter: _____ Exam Shipped Date: _____

Exam Date _____ Exam Code _____ Exam Score _____ %

License # Issued _____ Type of License Issued _____

Dir. of Exam & Licensing Signature: _____ **Date:** _____