APPLICATION FOR **CITY OF PHILADELPHIA** WARM AIR INSTALLER LICENSE DEPARTMENT OF LICENSES AND INSPECTIONS MUNICIPAL SERVICES BUILDING - CONCOURSE 1401 JOHN F. KENNEDY BOULEVARD APPLICATION # PHILADELPHIA, PA 19102 For more information visit us at www.phila.gov (Please complete all information below and print clearly) NAME OF APPLICANT : ADDRESS: _____ STATE: ZIP : PHONE # (_____) _____ E-MAIL: NAME OF COMPANY OR EMPLOYER (IF ANY): ADDRESS: _____ STATE: _____ ZIP: _____ CITY: E-MAIL: PHONE #: (FAX # (WARM AIR INSTALLER LICENSES ARE ISSUED TO QUALIFIED PERSONS. THEY ARE NOT ISSUED TO COMPANIES. YOU OR YOUR EMPLOYER ARE REQUIRED TO HAVE A COMMERCIAL ACTIVITY LICENSE TO CONDUCT BUSINESS IN PHILADELPHIA DO YOU HAVE A COMMERCIAL ACTIVITY LICENSE? VES NUMBER _____ NO SUBMIT THE FOLLOWING WITH THIS APPLICATION: Proof of successful completion of the examination for Warm Air Installer as administered by the International Code Council (www.iccsafe.org/contractor) within one year prior to this application. Pre-approval by the Department of Licenses and Inspections is not required for this examination. FEES APPLICATION REQUIRES SUBMITTAL OF A NON-REFUNDABLE APPLICATION FEE REVENUE OFFICE USE ONLY CHECK OR MONEY ORDER PAYABLE TO "CITY OF PHILADELPHIA" FEE CODE CHECK # \$50.00 3510 WARM AIR INSTALLER \$300.00 3702 COMMERCIAL ACTIVITY LICENSE (IF REQUIRED) TAX I.D. NUMBER: TAX I.D. NUMBER ISSUED BY THE REVENUE DEPARTMENT IS **REQUIREDTO OBTAIN A COMMERCIAL ACTIVITY LICENSE** THIS APPLICATION MUST BE ACCOMPANIED BY PAYMENT OF THE APPLICATION FEE. ORIGINAL EXAMINATION RESULTS, AND A COPY OF THE APPLICANT'S DRIVER'S LICENSE. I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein I am subject to such penalties as may be prescribed by law or ordinance. APPLICANT'S SIGNATURE: ______ DATE: _____ /____