



# APPRENTICE REGISTRATION FORM & EMPLOYMENT RECORD

YOU MUST PRESENT A PHOTO ID TO OBTAIN YOUR APPRENTICE CARD

Craft(s) Applying For: ( ) Gas Fitting ( ) Electrical ( ) Plumbing ( ) Mechanical

- ( ) I have (or have had in the past) an Apprenticeship Certification Number BTC-\_\_\_\_\_ (If you are not sure of your BTC # we can look it up by name. Once you have held any trade certification with the City of Springfield, your BTC# does not change.)
- ( ) I have never held an Apprenticeship Certification with the City of Springfield

NAME: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

This is to certify the above named employee is working as an apprentice with our company, which is licensed to do business in the City of Springfield, and upon such registration and issuance of a registration card, this person when working in Springfield, Missouri, will engage in and work at the appropriate building trade as an apprentice in the employ of a Springfield Certified Master in the same craft and will be supervised at the job site at all times during which they are engaged in work by a certified journeyman or master working for the employer who is physically present at the job site.

EMPLOYER COMPANY NAME: \_\_\_\_\_ PHONE NO: \_\_\_\_\_  
 (Exactly as shown for Business License)

COMPANY EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PRINT SUPERVISING MASTER'S NAME: \_\_\_\_\_ BTC: \_\_\_\_\_

SUPERVISING MASTER SIGNATURE: \_\_\_\_\_

Please return this completed form along with a copy of your **Photo ID** to the City of Springfield, Building Development Services, 840 Boonville Avenue, Springfield MO., 65802. There is a **\$10.00** fee per trade for your apprentice card that must be paid before issuance.

*Please remember to contact us if you have an address change, or you change the company you are employed by, otherwise your card may be put on hold or closed until we have your changes on file.*

<b>OFFICE USE:</b>	NEW CERTIFICATION <input type="checkbox"/>	RENEWAL <input type="checkbox"/>	BTC- _____
METHOD OF PAYMENT:	<input type="checkbox"/> CASH	<input type="checkbox"/> CHARGE	<input type="checkbox"/> CHECK # _____
ID VERIFIED: _____	BDS STAFF INITIALS: _____	DATE: _____	
<small>(Attach Photo ID Copy if New Certification)</small>			