

TRADE LICENSE APPLICATION

221 N. Figueroa St., Suite 700 Los Angeles, CA 90012 (213) 482-0099

Email: Phone: Height: Weight: Eyes: Hair: Final From: YEARS/MOS To: YEA	Examination Title:					
Email: Phone: Height: Weight: Eyes: Hair: Form: Total Time From:	Applicant Name:					
Employer – Name and Address *Orby show experience needed to qualify for examination Prom:	Address:	Address		City	State	Zip
Employer – Name and Address Only show experience needed to qualify for examination From: YEARS/MOS To: YEARS/MO	Email:			Phone:		
*Only show experience needed to qualify for examination Puter Notes Prom: To: YEARS/MOS TO:	Height:	Weight:	Eyes:		Hair:	
From: YEARS/MOS To: YEARS/MOS			Duties Related	Duties Related to Examination		Total Time
To: From: YEARS/MOS To: YEARS/MOS To: YEARS/MOS To: YEARS/MOS To: From: YEARS/MOS To: From: To:						YEARS/MOS
To: From: To: YEARS/MOS To: From: To: From: To: YEARS/MOS To: Hereby certify that all of the information that I have given herein is true and complete to the best of my knowledge and belief. I understand that any false statement will subject me to disqualification. Applicant's Full Signature FOR OFFICE USE ONLY: EXAM NUMBER EXAM STATUS EXAM STATUS EXAM Date Oral Oral LICENSE NUMBER Written Final Initial Initial For Cashier's Use Only FEES Approved for Exam By Filing Fee D.S.C Surcharge System Surcharge System Surcharge Final Filing Fee System Surcharge Filing Fee System Surcharge						YEARS/MOS
To: From: To: To: To: To: From: To:						YEARS/MOS
I hereby certify that all of the information that I have given herein is true and complete to the best of my knowledge and belief. I understand that any false statement will subject me to disqualification. Applicant's Full Signature FOR OFFICE USE ONLY: EXAM NUMBER EXAM STATUS Final Initial Final Initial For Cashier's Use Only FOR Cashier's Use Only FOR Cashier's Use Only FOR OFFICE USE ONLY: FOR OFFICE USE ONLY: FOR OFFICE USE ONLY: Applicant's Full Signature Applicant's Full Signature FOR OFFICE USE ONLY: FOR Cashier's Use Only FOR OFFICE USE ONLY: FOR Cashier's Use Only						YEARS/MOS
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Exam Date Oral			will subject me to dis	qualification.	Α	pplicant's Full Signature
Oral	EXAM NUMBER		EXAM STATUS			
Approved for Exam By Filing Fee D.S.C Surcharge System Surcharge	LICENSE NUMBER		Oral Written Final			
D.S.C Surcharge System Surcharge	FEES		2nd Fees (if applicable)	For Cashier's U	se Only	
D.S.C Surcharge System Surcharge	Approved for Exam By					
System Surcharge	Filing Fee					
	Total Fees Due					

As a covered entity under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability and, upon request, will provide reasonable accommodation to ensure equal access to its programs, services and activities