

EXAM REGISTRATION FORM

For Metropolitan Government/Nashville & Davidson County

GAS AND APPLIANCE EXAMINATION

NOTE: Your eligibility to test is valid for six (6) months from the date authorized by the Sponsoring Entity, the Metropolitan Government of Nashville and Davidson County, The department of Codes and Building Safety. If you fail the examination, you will be responsible for paying the examination fee each time the examination is administered.

Candidate Information

Last Name	First Name	Middle Initial	Social Security Number _____ - _____ - _____
Street Address			
City		State	Zip Code
Daytime Phone Number (Including Area Code) ()		Business Phone Number (Including Area Code) ()	

Sponsor Information (To be completed by Sponsoring Entity only)

Catalog Exam Code: GAS017	Exam Name: Metro Gas & Appliance Contractor
Sponsor Code: DC-08/09	Sponsoring Entity: Department of Codes and Building Safety – Metropolitan Government
Signature and Title of Authorizing Sponsor Representative	Date Authorized

Examination Fees

Mechanical Exam Code	Exam Fee	Total
Gas & Appliance Examination	\$ 50.00	\$ 50.00

Payment: Examination fee may be paid by a personal or business check, cashier's check or money order. Make your check payable to THE METROPOLITAN GOVERNMENT. Please include your full name on the check. Examination fees are nonrefundable.

Please submit this Authorized Registration form and your check to the following address:

Department of Codes and Building Safety
 Metro Office Building 3rd Floor
 800 2nd Avenue, South
 P.O. Box 196300
 Nashville, Tennessee 37219-6300

By signing and submitting this form, I certify that I am the candidate named above and I agree to comply with all examination rules and regulations. (Keep a copy of this registration for your records – please return the original to our office).

Signature: _____ Date: _____