



Journeyman Referral Application

Please note that every question must be answered.

Demographic Information

- Name: _____
- Address: _____
- Address Line 2: _____
- City: _____
- State: _____
- Postal Code: _____
- Email: _____
- Primary Phone Number (cell): _____
- Phone Number (other, please specify): _____

Application

- Have you completed a registered apprenticeship program?
 YES NO

IF YES

- Name of Program: _____

- Do you possess a valid SM.1 or SM.2 Connecticut Sheet Metal License?
 YES NO

IF YES

- Type of license: _____
- License number: _____
- Year obtained: _____
- Do you have any special skills? _____

Work Experience

NOTE – List the contractors you have worked for in the last four (4) years:

Please provide any information about your name that we would need to check your work record:

- Company & Address _____
 - Type of Work _____
 - Dates Employed _____
 - Contact Person _____
 - Reason for Leaving _____

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Acknowledgement

To the best of my knowledge, all statements made by me are true and correct. Any false statement made on this application will result in immediate disqualification of this application.

- I affirm that I have read and understand the above statement?
 YES NO

Signature: _____

Date Submitted: _____