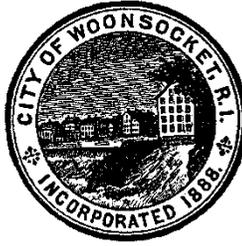


**THE CITY OF WOONSOCKET**  
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS



DEPARTMENT OF PUBLIC WORKS  
CITY HALL, WOONSOCKET RHODE ISLAND

**Application for License as: *BOILER OPERATOR***

Date \_\_\_\_\_

Name in Full \_\_\_\_\_

Birthplace \_\_\_\_\_ Date \_\_\_\_\_ Citizenship \_\_\_\_\_

Residence Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Firm's Name \_\_\_\_\_

Present Position \_\_\_\_\_

*(Give the name and address of three (3) references who have personal knowledge of your operating experience and character)*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Have you a degree of Mechanical Engineer?                      YES                      NO

From what School \_\_\_\_\_ Date of Graduation \_\_\_\_\_

Did you ever (anywhere) make application for a similar license? \_\_\_\_\_

What kind? \_\_\_\_\_ Was it granted? \_\_\_\_\_ Number \_\_\_\_\_

Where? \_\_\_\_\_

How was it granted \_\_\_\_\_ Is it now in force? \_\_\_\_\_

By examination, exemption, etc.

Yes

No

**EXPERIENCE**

DATE		Title of position, name of employer, and character of each engagement (Make statement brief and concise, supplement by letter if necessary)	Name and address of someone familiar with each engagement, preferably the person to whom applicant reported.
FROM	TO		

Please enclose (check, money order, cash) for the exam .....\$30.00\*

Upon successful testing the applicant shall pay the annual licensing fee..... \$100.00\*\*

**AFFIDAVIT**

State of .....

County of.....

....., being duly sworn, deposes and says: I, the applicant named in this application, have read the contents hereof, and to the best of my knowledge and belief the foregoing statements are true in substance and effect and are made in good faith.

.....  
Signature of Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

My commission expires.....

**RECORD**

*(This space not to be used by applicant)*

Date application received.....

Amount of fee paid.....

Action taken.....

Examination given..... Date..... Rating.....

License (issued, refused).....

\*There is a retesting fee of \$30.00 should the applicant not pass the exam.

\*\*The annual licensing fee is \$100.00 due each September.