



APPLIANCE STICKER PROGRAM

NOTE: FORMS ARE TO BE SUBMITTED TO CHRIS POPE, DEPUTY BUILDING OFFICIAL, FOR SCHEDULING OF TRAINING AND APPROVAL.

Application Date: _____

Business Name: _____

License No.: _____

Qualifier's Name: _____

Telephone No.: _____

Business Address: _____

Fax No.: _____

City, State, Zip: _____

Mobile No.: _____

The fore mentioned business is requesting review and approval for the City of Tallahassee, Appliance Sticker program.
As the qualifier, I understand the following conditions apply:

- Each employee involved with this program must attend a training class
- Each employee named below shall have experience and work history, for the past three years, reviewed for approval
- Only employees named below that have been approved shall be allowed to perform work under this program
- It is my responsibility to advise the City of Tallahassee when an employee is no longer employed with my business

1. Employee Name: _____

Experience: _____

Work History: _____

2. Employee Name: _____

Experience: _____

Work History: _____

3.

Employee Name:

Experience:

Work History:

4.

Employee Name:

Experience:

Work History:

5.

Employee Name:

Experience:

Work History:

6.

Employee Name:

Experience:

Work History: