



**Sheet Metal Systems
Apprentice Permit
Application**

When completed mail to:

Department of Licenses and Inspections
C&I Fire Unit
990 Spring Garden St., 3rd Floor
Philadelphia, PA 19123

Use a single check or money order for all fees
Payable to “**City of Philadelphia**”.

1. Name of Applicant	2. Social Security Number	3. Home Telephone Number (include area code)
4. Home Address (no P.O. Boxes)	City	State
5. Billing Address (if different than Home Address) (no P.O. Boxes)	City	State
	Zip Code	Zip Code

6. Requirements for Approval

This application shall be accompanied by the following:

1. Proof of compliance with one of the following conditions:

A. Proof of enrollment (certified by program administrator) in a registered Sheet Metal Systems Apprenticeship Program. For the purposes of this application a registered Sheet Metal Systems Apprenticeship Program is one that is registered with the federal or state government and requires at least 8,000 hours jobs experience and at least 800 hours of classroom or shop instruction in the sheet metal trade.

– OR –

B. A copy of your apprenticeship permit from a jurisdiction with a reciprocity agreement with the City of Philadelphia.

2. Payment of a non-refundable application fee of \$75.

7. Registered Apprenticeship Program

Name of Apprenticeship Program (currently enrolled in)	Address of Program (include city, state and zip code)	Phone Number (include area code)

8. License Type (OFFICE USE ONLY)

License Type	Fee	Revenue Code	Expiration Date	License Number
<input type="checkbox"/> Sheet Metal Systems Apprentice Permit	\$75.00	TBD	03/31/	

9. Applicant Certification

The information regarding qualifications required in block #6 must be verified by the applicant’s signature. Alternatively, the qualification information may be verified by a third party such as an apprenticeship program administrator.

I hereby certify that the statements contained herein are true and correct and I understand that if I knowingly make any false statement herein I am subject to the possible revocation of any certificates issued as a result of my false application, and such other penalties as may be prescribed by law.

Applicant Signature _____

Date _____

FOR OFFICE USE ONLY

PREREQUISITES (LIST THOSE CHECKED DURING PROCESSING)

REMARKS:

APPROVED

REFUSED

Reviewed By	Number
Date	Audit