



Seattle Department of Construction and Inspections  
Trades Licensing  
700 5<sup>th</sup> Avenue, Suite 2100  
P. O. Box 34019  
Seattle, WA 98124-4019  
Ph: (206) 684-5174 Fax: (206) 386-4039

# AFFIDAVIT

*Must be completed and attached to each application for Journeyman Refrigeration Mechanic licenses*

Applicant's Name: \_\_\_\_\_ Customer #: \_\_\_\_\_

Check the applicable boxes below:

I, \_\_\_\_\_ certify that I am personally/professionally acquainted with

\_\_\_\_\_

and his/her work at (Company name and address):

\_\_\_\_\_

\_\_\_\_\_

Period From: \_\_\_\_\_ To: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone#: \_\_\_\_\_

Installed refrigeration system (not self-contained).

Describe work:

\_\_\_\_\_

\_\_\_\_\_

Mfr: \_\_\_\_\_

Sys. Size: \_\_\_\_\_

Hrs/week: \_\_\_\_\_

Installed, altered, extended, and repaired gas piping installations. Describe work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Materials Used:

Black Iron

Copper

Corrugated Stainless Steel

Plastic

Other, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_