Seattle Department of Construction and Inspections
Trades Licensing
700 Fifth Ave, Suite 2000
P. O. Box 34019
Seattle, WA 98124-4019
Ph: (206) 684-5174 Fax: (206) 386-4039

APPLICATION

For Refrigeration Operating Engineer License

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Date of Birth: _____

Email: _____

I certify that the information on this application is true:

_____ _____
Signature of Applicant *Date*

License type (check one): Freon Only ☐ Ammonia Only ☐ Both ☐

---------- *For office use only* ----------

Data Entered By: _____ Date: _____

License Issued: ☐ Yes ☐ No

Customer Number: _____