



**CITY OF HAYSVILLE
Public Works Department**

401 S. Jane
PO Box 404
Haysville, KS 67060
Phone: 316/529-5940 | Fax: 316/529-5945
dsmith@haysville-ks.com
nstark@haysville-ks.com

**Mechanical Contractor License Application
CERTIFICATE OF INSURANCE REQUIRED**

License.....\$75.00
Master Certificate.....\$20.00
Journeyman Certificate.....\$10.00

(Please list Master and Journeyman Certificate holders below)

(Pursuant to Section 4-102 of the Haysville City Code,

A copy of the current business license with the City of Wichita and/or MABCD must be included)

Business Organization: Individual Partnership Corporation _____

Name of qualified person who passed examination _____
(with attached test result score)

Name of Company _____

Business Address _____

City _____ State _____ Zip _____

Business Phone _____ Mobile # _____ Fax # _____

Email _____

Master _____

Signature of qualified person: _____

Journeyman _____

Date _____

Authorized to secure permit: _____

For office use only:

***Please include a copy of current
license with the City of Wichita
and/or MABCD.**

Receipt No. _____

Certificate of Insurance _____

Date _____

Fee _____

License No. _____

MABCD License # _____