

CITY OF BUFFALO



Department of Permit & Inspection Services

OFFICE OF FUEL DEVICES

65 Niagara Sq. City Hall Room 312 Buffalo, NY 14202

Phone (715) 851-4959 Fax (716) 851-5506

INSTRUCTIONS FOR OBTAINING A HEATING CONTRACTOR LICENSE

Dear Applicant,

Thank you for considering becoming a Heating Contractor in the City of Buffalo. Please find the application on the next two pages. Please complete it in full.

Mail the completed application along with the following documentation to the address below.

1. Copy of photo identification (ex, driver's license)
2. Letters from past and present employers stating your length of service and job duties.
3. A list of twenty (20) installation jobs you have completed, including customer name, address, phone number.

Your application will be presented at the next meeting of the Board of Heating Examiners. The above documentation will aid the board in making a decision for approving you to take the contractor's exam. You will be notified in writing if you qualify to take the Heating Contractor's Examination.

If you have any questions please call our office at (716) 851-4959.

Mail application and documentation to:
Division of Fuel Devices
City Hall Room 312
65 Niagara Sq., Buffalo, NY 14202

Sincerely,

Tim Keenan
Chief Combustion Inspector
Division of Fuel Devices

City Of Buffalo
Office of Fuel Devices - Board of Heating Examiners

65 Niagara Square, City Hall Room 312 Buffalo, NY 14202

Phone (716) 851-4959 Fax: (716) 851-5506

Name _____ date _____
Address _____ age _____
City _____ State ____ ZIP _____ home phone _____
Business name _____ daytime phone _____
Business address _____
City _____ State ____ ZIP _____

I _____ hereby apply to the Board of Heating Examiners of the City of Buffalo for a license pursuant to Section 238-9 Article II of Chapter 238 of the Code of the City of Buffalo to engage in the business of installation, contracting to install, alter, repair or service heating equipment.

TYPE OF LICENSE (check one)

- ____ Class 1A Holder shall be able to install or service any type of heating equipment using oil (distillates 1, 2 & 3), gas or solid fuels in accordance with Chapter XXIX, Article 2, Section 25 of the Buffalo Flammable Liquid Ordinance.
- ____ Class 1B Holder shall be able to install or service any type of heating equipment using oil, gas or solid fuels in accordance with Chapter XXIX, Article 2, Section 25 of the Buffalo Flammable Liquid Ordinance.
- ____ Class II Holder shall be able to install or service any type of equipment using gas or solid fuels.
- ____ Class III Holder shall be limited to the installation of stoves, prefabricated fireplaces, fireplace inserts or furnace add-ons using solid fuels.

1. **If applicant is an individual:** _____
name address

2. **If applicant is a corporation or partnership:**

A. _____
Full and accurate corporation or partnership name

B. _____
When and where incorporated or founded

C. Full name, address, and title of officer of corporation or partner requesting license.

_____ name address title

3. **If applicant conducts business under a trade or assumed name:**

A. Complete and full trade name: _____

B. Name of person doing business under such name: _____

4. **Length of time engaged in occupation for which license is requested.** _____ years

| Name of firm | Position held | Length of Employment | |
|--------------|---------------|----------------------|----|
| | | from | to |
| | | from | to |
| | | from | to |
| | | from | to |

5. **Specify in detail the type or work engaged in:** (use separate paper if necessary)

6. **Additional qualifications:** Such as, service connected, college, trade school, etc.

State of New York, }
County of Erie, } ss
City of Buffalo }

JURAT

Signature of applicant

The above applicant being first duly sworn (or affirmed) deposed and says that each of the several foregoing answers or statements in this application is true to the best of his knowledge and belief.

Subscribed and sworn to before me
This ____ day of _____ 20 ____

Notary Public or Commissioner of Deeds

| |
|------------------------|
| OFFICE USE ONLY |
| Applicant approved by: |
| Board _____ |
| Class _____ |
| Date _____ |
| Signed _____ |