

Mechanical Board of Appeals and Examiners
224 West Ninth Street, P.O. Box 7402
Sioux Falls, SD 57117-7402
(605) 367-8672
Website: www.siuouxfalls.org/building

Master Mechanic Experience

Please print or type the following information

Name _____	Home Phone # _____
Street _____	Work Phone # _____
City _____	Cell Phone # _____
State _____ Zip _____	Email _____
Date of Birth _____	

Experience Required for Testing

An applicant for a Master Mechanic license shall show evidence of four years of experience as a sheet metal mechanic, refrigeration technician, general manager, project manager, or engineer in the employ of a licensed mechanical contractor. During this four-year period, the applicant must have spent at least 2,000 hours per year working as a sheet metal mechanic, refrigeration technician, general manager, or an engineer.

If the code official finds the applicant has the required experience, the individual may be tested. The code official may investigate the individual's experience and the applicant shall cooperate fully with the investigation. Failure to provide information or records related to applicant experience shall be grounds for denial of the application.

The code official will notify in writing any applicant whose application for testing has been refused. The notice will clearly state the reason for refusal and a statement of the applicant's right to appeal. An applicant whose application for testing is refused may appeal the decision to the Mechanical Board of Appeals.

Credit

Graduates of an accredited trade school having at least a one-year program in sheet metal or refrigeration will be given one-half year of experience credit for each year of relevant schooling up to a maximum of one year of experience credit.

Graduates of an accredited college or university having a four-year program in engineering or construction management will be given one-quarter for each year of relevant schooling up to a maximum of one year of experience credit.

Credit for military sheet metal, refrigeration, mechanical construction management, or engineering work will be given at the rate of one year credit for each two years in the military up to a maximum of two years credit.

School and Military Record

Name of Trade School, University, College, or Military	Years Completed	Graduated	Experience Credit

Employment Experience

Important—Unless complete addresses of employers are given, it is impossible to properly process your application and will cause delay. Please give all previous and present employers.

Employer	Dates Employed	Type of Work
Name _____ Address _____ City, State, and Zip _____ Phone No. _____	_____ to _____	
Name _____ Address _____ City, State, and Zip _____ Phone No. _____	_____ to _____	
Name _____ Address _____ City, State, and Zip _____ Phone No. _____	_____ to _____	
Name _____ Address _____ City, State, and Zip _____ Phone No. _____	_____ to _____	
Name _____ Address _____ City, State, and Zip _____ Phone No. _____	_____ to _____	

Do you object to us contacting your current employer or any previous employers? Yes No

I declare and affirm under the penalties of perjury that the information on this application has been completed by me and to the best of my knowledge and belief, is true and correct.

Signature of Applicant _____
Date

- Approved for Testing
- Refused for Testing—Reason for Refusal Attached

Mechanical Inspector _____
Date

Please mail or fax to: Building Services
224 West Ninth Street
P.O. Box 7402
Sioux Falls, SD 57117-7402

Fax: 605-367-6045

Mechanical Examinations Application and Testing Instructions City of Sioux Falls

General

Applications that are incomplete or not accompanied with the fee will not be processed. Applications must be received one week prior to the next scheduled testing date to qualify for testing on that date.

Application

This form must be legible and fully completed, signed, and dated by the applicant.

Fee—\$75

The fee is nonrefundable. Make check or money order payable to the City of Sioux Falls.

Examination Schedule

Second Wednesday of each month at 7 a.m. The test will be picked up at 11:55 and corrected by the Mechanical Board of Appeals at 12 noon. Please notify our office if you are unavailable for the exam date.

Examination Location

224 West Ninth Street, Planning and Building Services Department, Ground Floor.

Examination

The examination for master mechanic contains closed book, open book multiple-choice questions, and true/false questions. The permitted test time is 4 1/2 hours. It is advisable to bring a calculator, air-duct calculator, and code books. The examination for refrigeration contractor is open book and consists of multiple-choice questions. The permitted test time is 2 hours.

Study Suggestions

The Mechanical Board of Appeals and Examiners suggests that you study the 2006 International Mechanical Code, 2006 International Fuel Gas Code, the SMACNA HVAC duct construction standards—metal and flexible (3rd Edition-2005), ACCA Manual D, and ACCA Manual J-7th Edition for the master mechanic examination. For the refrigeration contractor exam, it is recommended that you study the 2006 International Mechanical Code only. To purchase these codes, you may contact either www.iccsafe.org or www.smacna.org.

License

You must apply for your license within 30 days after passing the examination, or you will be required to retest.

Mail To

Building Services, Attention: Tonya, 224 West Ninth Street, P.O. Box 7402, Sioux Falls, SD 57117-7402; (605) 367-8672.

Parking

One-hour free parking is provided on the Ninth Street and Dakota Avenue sides of City Hall. Please remember this is one-(1)-hour parking only and the permitted test time is 4 1/2 hours. There are meters along Ninth Street between Dakota Avenue and Minnesota Avenue. The cost at these meters is 40 cents per hour. You can put in money for up to ten (10) hours at one time in these meters.

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Application for Examination

Please print or type the following information

Designate the appropriate examination for which you are applying:

Master Mechanic

Refrigeration Contractor

Full name

Date of Birth

Home address

Phone:

Residence: _____

Business: _____

Cell: _____

City, State, and Zip

Signature

Date

Space below reserved for office use

Receipt Number _____

Fee \$ _____

Date _____

Examination Date _____

FAX APPLICATIONS

(This section to be completed for application by fax only)

Charge to MasterCard Visa

Card Number _____

Expiration Date _____

Three- or four-digit security code that is printed on the back side of the credit card _____

Cardholder's Name (Print name as it appears on card)

Authorized Signature

Date

Fax Number (605) 367-8737

2008 Mechanical Examination Schedule

Time	Location	Exam Date	Filing Deadline
7 a.m.	Building Services Conference Room	January 9, 2008	January 2, 2008
7 a.m.	Building Services Conference Room	February 13, 2008	February 6, 2008
7 a.m.	Building Services Conference Room	March 12, 2008	March 5, 2008
7 a.m.	Building Services Conference Room	April 9, 2008	April 2, 2008
7 a.m.	Building Services Conference Room	May 14, 2008	May 7, 2008
7 a.m.	Building Services Conference Room	June 11, 2008	June 4, 2008
7 a.m.	Building Services Conference Room	July 9, 2008	July 2, 2008
7 a.m.	Building Services Conference Room	August 13, 2008	August 6, 2008
7 a.m.	Building Services Conference Room	September 10, 2008	September 3, 2008
7 a.m.	Building Services Conference Room	October 8, 2008	October 1, 2008
7 a.m.	Building Services Conference Room	November 12, 2008	November 5, 2008
7 a.m.	Building Services Conference Room	December 10, 2008	December 3, 2008