



Please return completed application and **\$30 Test Fee:**

City of Omaha Plumbing Board
 Omaha/Douglas Civic Center
 1819 Farnam St #1110
 Omaha, NE 68183

Exam Application for Sewer Layer First Time Retest

If exam accommodations are needed, please be sure to complete page 2.

The application deadline is the 15th of January, April, July, and October at 9:00 AM for testing in February, May, August, and November.

Please list your full legal name. Include "Jr.", "Sr.", and "III" as appropriate.

Name:		
Address:		City/State/Zip:
Phone (required):	Fax:	Email (optional):

Name and Address of Current Employer:

Company Name:		
Address:		City/State/Zip:
Phone (required):	Fax:	Email (optional):

All applications for examination must include the testing fee. No application will be processed without the testing fee. The applicant may not postpone an examination or receive a refund without Plumbing Board approval.

Test fee for Sewer Layer examination is \$30.00.

Signature: _____ Date: _____

If you wish to pay by credit card please complete the following form.

I authorize the City of Omaha to charge my account for the attached fees.			
Name on credit card:			<input type="checkbox"/> I am paying my fee. <input type="checkbox"/> My employer is paying my fee.
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD	Card Number:	Expiration Date:	Security Code:
Billing Address:			City/State/Zip:
Signature		Print Name	Date

Visit the Planning Department's site on the Internet at www.cityofomaha.org/planning/

The Plumbing Board wants to know if you require any accommodations for testing.

Please indicate if you require special testing accommodations, examples may include, but are not limited to: audio version of the exam, additional time, etc. In order to request accommodations, you will need to prove to the Plumbing Board that you require testing accommodations.

I require testing accommodations for the Plumbing Exam.

Yes No

If “Yes” is indicated:

The type of testing accommodations I am requesting are:

I understand it is my responsibility to provide documentation proving that my accommodations are necessary.

Signature: _____

Date: _____