



Seattle Department of Construction and Inspections
Trades Licensing
700 5th Avenue, Suite 2000
P. O. Box 34019
Seattle, WA 98124-4019
Ph: (206) 684-5174 Fax: (206) 386-4039

AFFIDAVIT

Must be completed and attached to each application for Gas Piping Mechanic licenses

Applicant's Name: _____ Customer #: _____

Check the applicable boxes below:

I, _____ certify that I am personally/professionally acquainted with

_____ and his/her work at (Company name and address):

Period From: _____ To: _____

Signature: _____

Printed Name: _____

Title: _____

Phone#: _____

License: _____

Commercial Multi-Family

Residential

Other, describe:

Installed, altered, extended, and repaired gas piping installations. Describe work: _____

Materials Used:

Black Iron

Copper

Corrugated Stainless Steel

Plastic

Other, describe: _____

Comments:

