

# Chicago 302 Brick Mason Contractor

Written Examination given on announced dates

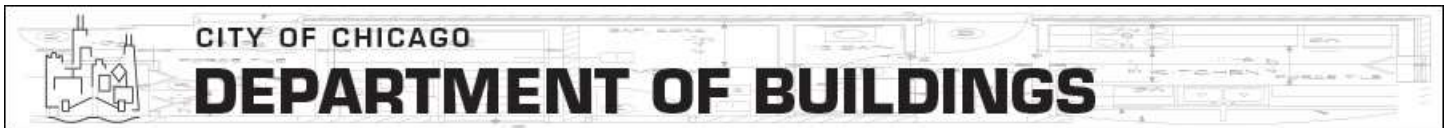
Retrieve a study guide at [Chicago Masonry Contractors \(Brick\) Study Guide](#)

1. Application fee. If by check or money order, check must be made payable to the: City of Chicago, Department of Revenue. Fee: \_\_\_\_\_ For manual entry, the applicable fees and exam dates can be found on the CTS web site ([www.continentaltesting.net](http://www.continentaltesting.net)) under the Online Application Services tab for Chicago.

2. Submit a self-addressed stamped business size envelope.

3. Have this form notarized and mail with all supplemental documents to:  
City of Chicago  
Trade Licenses  
P.O. Box 388249  
Chicago, Illinois 60638-8249

4. All candidates must be 21 years of age.



## Profession 302 - Brick Masonry Contractors License – Exam Application

Fee\*: \_\_\_\_\_ Exam Date\*: \_\_\_\_\_

\* For manual entry, the applicable fee and exam date can be found on  
([www.continentaltesting.net](http://www.continentaltesting.net)).

This box is reserved for City use.

\_\_\_\_\_  
(Approval of Board Member)

Type of Mason Contractor License being applied for:

☐ Type A (Brick & Concrete Work) ☐ Type B (Brick Work)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Present Occupation: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Period of Employment From: \_\_\_\_\_ To: \_\_\_\_\_ Period of Employment From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_ Job Title: \_\_\_\_\_

The applicant's work experience above has been verified by the following person:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Signature: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of the company where this Mason Contractor License will be used:

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Applicant's Signature

(Seal)

Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_  
Notary Signature

Mail Forms To:

City of Chicago Trade Licenses & Examinations  
P.O. BOX 388249  
Chicago, IL 60638-8249

CTS -2014