

**George C. Brown**  
Mayor

**Butch Frati**  
Director of Operations

**BUILDING CODE**



**ENFORCEMENT**

1<sup>st</sup> Floor, City Hall  
40 East Market St.  
Wilkes-Barre, PA 18711  
Phone: 570.208.1629  
Fax: 570.208.4187

**Contractor Exam Application**

I HEREBY MAKE APPLICATION FOR CERTIFICATE OF COMPETENCY AND LICENSE IN THE  
CITY OF WILKES-BARRE, PENNSYLVANIA AS:

Type of License Desired: \_\_\_\_\_ Exam ID #: \_\_\_\_\_

Name: \_\_\_\_\_ Soc. Sec. # (last 4 digits required): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Employed By: \_\_\_\_\_ Number of Years Employed There: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

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**NOTARY PUBLIC:**

SWORN TO AND SUBSCRIBED BEFORE

ME THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

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**REFERENCE:**

**This is to certify that I know \_\_\_\_\_ to be in the building trade of**

(Contractor's Name)

\_\_\_\_\_ **and I recommend this applicant for licensure in Wilkes-Barre city.**

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**LICENSED CONTRACTOR SIGNATURE**

I attest that the required \$150.00 fee to accompany this license application has been paid.

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**WILKES-BARRE CODE ENFORCEMENT OFFICIAL**