



**APPLICATION FOR APPROVAL OF HVAC CONTINUING
EDUCATION FOR THE CITY OF WICHITA**

Submit application to SNethercot@wichita.gov or fax to 316-268-4663 Attn: Stoney Nethercot

COMPANY NAME (SPONSOR) _____

INSTRUCTOR _____

SUBJECT MATERIAL _____

LOCATION _____

CLASS ROOM HOURS _____

DATE(S) OF CLASS _____

.....**Official use only, do not write below this line**.....

APPROVED.....YES _____ **NO** _____ **PLBG.** _____ **MECH.** _____

IF NOT APPROVED PLEASE STATE REASON: _____

Signed _____

Date _____