



CITY OF TOPEKA

Development Services
620 SE Madison Unit 6
Topeka, KS 66607-1118
Tel: (785) 368-3905-#3



Miriam Berke, Manager
Email: mberke@topeka.org
Fax: (785) 368-3915
www.topeka.org

Master Verification

I _____ certify that as a designated master, I am a full-
Name of Mater

time employee for _____ and responsible for all code specific
trade work. Name of Company Licensed with COT

“Sign below and complete only the area that applies to your license type”

Please Circle the following trade that applies to your area of responsibility:

Electrical	Mechanical	Plumbing	Mobile Home	Lawn Irrigation	Gas Fitting	Solid Fuel	Water Softener
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I understand it is my responsibility to contact the Development Services Office @ 785-368-3905 Opt # 3 in the event my employment is terminated with this company.

Signature of Designated Master

Date

This document to be submitted with new application or license renewals

