APPLICATION FOR BUILDING, ELECTRICAL OR HVAC CONTRACTOR’S LICENSE

City of Hammond Indiana
5925 Calumet Avenue, Hammond IN 46320
Phone: (219) 853-6316 Fax: (219) 853-6543
**Non Refundable Examination Fee $100**

Only the original completed application should be submitted no later than one week prior to the meeting/test date along with the non-refundable $100.00 examination fee (Testing Categories) to reserve a place on the agenda. Failure to attend on the scheduled testing date will result in a failed score on the exam and a retesting fee of $50.00 will be required before any additional tests are given.

All license fees are $200, renewed every calendar year (January 1st – January 31st) for $100. Licensing requirements will be given to you once you are approved by the appropriate Board of Contractors.

The Building Contractors Board meets at 6:00 P.M. on the 1st Monday of every month. The Electrical Contractors Board meets the last Thursday of the first Month of each quarter (January, April, July, and October) at 4:00pm. The HVAC Contractors Board meets 1st Tuesday of each Quarter (January, April, July, October) at 4:30pm.

ATTENDANCE AT THE APPROPRIATE MEETING IS MANDATORY FOR LICENSE APPROVAL. APPLICATION MUST BE COMPLETED IN ITS ENTIRETY OR IT WILL NOT BE ACCEPTED.

LIMITED CRIMINAL BACKGROUND CHECKS: A limited criminal background check is required prior to the testing/meeting date. The cost for this report is $20.00. Please contact the Police Department at (219) 853-6490 for details. No applicant will be allowed to test, or appear before a Contractors Board without this requirement being met. This should be done at least 7 working days prior to the scheduled testing date.

☐ Individual ☐ Corporation ☐ Firm

Applicant’s Name: ___________________________  Applicant’s Address: ___________________________  City: __________________ State: ______ Zip: ______  Phone: ______

Applicant’s Email Address: ____________________________________________  Fax Number: ___________________________

Company’s Name: ___________________________  Company’s Address: ___________________________  City: __________________ State: ______ Zip: ______  Phone: ______

Officer of Company’s Name: ___________________________  Officer of Company’s Address: ___________________________  City: __________________ State: ______ Zip: ______  Phone: ______

TYPE OF CONTRACTORS LICENSE:
(If license type is not listed please check “Other” and write-in license type on line below)

☐ Residential General  ☐ Commercial General  ☐ Drywall & Metal Studs
☐ Electrical  ☐ Residential HVAC  ☐ Commercial HVAC
☐ Exterior Remodeling  ☐ Residential Roofing  ☐ Commercial Roofing  ☐ Concrete  ☐ Masonry
☐ Other

Have you previously been engaged in this type of business? ☐ Yes ☐ No  If yes, when? ___________________________

Were you previously a contractor in Hammond? ☐ Yes ☐ No  If yes, when? ___________________________

1 Revised 07/25/2019
In what localities are you currently licensed? ____________________________________________________________________________

What equipment do you have for this type of work? ____________________________________________________________________________

______________________________________________________________________________________

Type of Work Experience:  ☐ Industrial    ☐ Commercial    ☐ Residential    ☐ Other

EDUCATIONAL EXPERIENCE:

School ____________________________________________ Contact Person __________ Phone __________
Apprenticeship ____________________________________ Contact Person __________ Phone __________

EMPLOYMENT REFERENCES:

Employers name ____________________________________ Contact Person __________ Phone __________
Employers name ____________________________________ Contact Person __________ Phone __________
Employers name ____________________________________ Contact Person __________ Phone __________

Job’s completed by your company:

Property owners name ____________________________________________ Address __________ Phone __________
Property owners name ____________________________________________ Address __________ Phone __________
Property owners name ____________________________________________ Address __________ Phone __________

Tests are given for Electrical, HVAC, Residential and Commercial General Contractors, Residential Roofing, Commercial Roofing, Concrete, Masonry, Exterior Remodeling, and Drywall/Metal Studs. The tests are given on the first Monday of the month at 10:00 a.m. at the Hammond Civic Center, 5825 Sohl Ave. If you have passed the test your attendance at the appropriate Board Meeting is mandatory.

The codebooks used for the tests are:

2008 NEC (Electrical Tests)  2012 IMC and 2012 IFG (HVAC Tests)
These books can be purchased online at ICCSAFE.ORG or by calling (888) 422-7233. The tests are open book tests and calculators are allowed. There is a one-hour time limit and 70% is passing. Applicants must present a valid Driver’s License or State ID at the time of the test.

*****NO CELL PHONES ARE ALLOWED IN THE TESTING ROOM*****
*****FAILURE TO COMPLY WILL RESULT IN AN AUTOMATIC TEST FAILURE. *****

After approval by the appropriate Board of Contractors, applicant must provide the following items prior to issuance of a license.

1. A Certificate of Insurance with the City of Hammond, 5925 Calumet Avenue, Hammond IN 46320 as Certificate Holder, with liability in the amounts of 100,000/300,000 bodily injury and 50,000-property damage. Landlord License holders will be required to provide proof of insurance for each property owned.
2. Workman’s Compensation or a Certification of Waiver.
3. A $5000 bond in the name of Board of Lake County Commissioners, all Cities, Towns and Municipalities of Lake County, Indiana. The bond must be recorded at the Lake County Recorder’s Office, located at 2293 North Main St, Crown Point Indiana 46307 in order to be accepted.
4. Initial License fee in the amount of $200.00. Renewal fee is $100.00 due January 1 thru January 31, each year as all licenses expire on December 31st.
5. Out of State Corporations must submit a Certificate of Foreign Registration to do business in the State of Indiana which is obtained through the Secretary of State Office in Indianapolis IN at www.in.gov.
6. Plumbing license for license holder as well as the company plumbing license (if applicable).
7. $1500 Street Opening bond (if applicable).
8. Copy of applicant’s driver’s license or state ID.

If anyone is in need of special accommodations for the testing, pursuant to the Americans with Disabilities Act, notice of said need should be provided to the City of Hammond Human Relations Department, ADA Compliance Officer at (219) 853-6502 at least 24 hours prior to the testing. Every reasonable effort will be made to accommodate citizens when prior notice is given.

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

I swear/affirm that the statements on this application are true in substance and in fact.

________________________________________
Applicant Signature

Subscribed and sworn to before me this ________day of _____________, 20__

________________________________________
Name: _______________________________

Notary Public

County of Residence: ____________________
Commission Expires: ____________________
AUTHORIZATION FOR FINANCIAL INFORMATION

To: __________________________________________
   Financial Institution

Reference: __________________________________
   Applicant’s name

   Account Number

   This is to authorize you to furnish the Building Department of the City of Hammond, Bob Vale, as Building Commissioner or any authorized representative thereof, any and all information or opinions you may have regarding my financial dealings with your financial institution including but not limited to the type and number of accounts, the length of time these accounts have been open and the overdraft history on each account.

   It is expressly understood that this authorization is to be used only in connection with a background check for the purpose of licensing as a building contractors and is not to be used in any other manner whatsoever.

   Dated this _______________ day of _______________ 20__.

   __________________________________________
   Signature

THOMAS M. MCDERMOTT, JR.
MAYOR

Revised 07/25/2019
HAMMOND, INDIANA POLICE DEPARTMENT
REQUEST FOR LIMITED CRIMINAL HISTORY

I, __________________________________________ AN EMPLOYEE OF ________________________
(LAST NAME, FIRST NAME, MIDDLE NAME, MAIDEN NAME) (BUSINESS/AGENCY)

IN THE POSITION OF __________________, REQUEST A LIMITED CRIMINAL HISTORY OF
(BUSINESS/AGENCY TITLE)

NAME_____________________________ D.O.B. __/__/___ SS#_________ - ______ - ______
RACE______ SEX______ AGE____

ADDRESS_________________________________________________________________________(INCLUDE CITY, STATE, ZIP CODE)

THIS INFORMATION IS BEING REQUESTED IN CONSIDERATION OF BECOMING A LICENSED CONTRACTOR IN THE
CITY OF HAMMOND.

I UNDERSTAND THAT ANY PERSON WHO USES A LIMITED CRIMINAL HISTORY FOR ANY PURPOSE NOT SPECIFIED
UNDER I.C.5-2 CHAPTER 5, SECTION 5 COMMITS A CLASS A MISDEMEANOR.

__________________________________ ______________________________
DATE SIGNATURE

________________________________________
SUBSCRIBED AND SWORN TO ME THIS _______DAY OF ____________________, 20____

______________________________
NOTARY PUBLIC

MY COMMISSION EXPIRES________________ CITY_________________ COUNTY_________________

ARREST DATE CHARGES DISPOSITION

________________________________________________________________________________________

________________________________________________________________________________________

**IF A RECORD IS FOUND CONTACT THE CITY CLERKS OFFICE FOR DISPOSITION. 5925 CALUMET AVENUE, 1ST
FLOOR (219)853-6346**

INFORMATION PROVIDED BY ______________________________ DATE________________

THIS FORM IS TO BE SUBMITTED TO THE RECORDS DIVISION OF THE HAMMOND POLICE DEPARTMENT WITH
PAYMENT OF $20. HAMMOND POLICE DEPARTMENT IS LOCATED AT 509 DOUGLAS ST. Phone: (219) 852-2900

5

Revised 07/25/2019