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 4:00pm

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 CONTRACTOR	RS LICENSE:				
(If license type	e is not listed please check "Other" a	nd write-in license type	on line below)			
□ Reside	ential General 🗆 Commercial Gen	eral 🗆 Drywall & Met	al Studs			
I	□ Electrical □ Residential HVAC	□ Commercial HVAC				
	□ Electrical □ Residential HVAC ling □ Residential Roofing □ Cor					

Were you previously a contractor in Hammo	ond?	when?					
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 Sportsplex 6630 Indianapolis Blvd. If you have passed the test your attendance at the appropriate Board Meeting is mandatory.

The codebooks used for the tests are:

2012 IBC (Commercial Test)

2018 IRC with Indiana Amendments or 2020 Indiana Residential Code (Residential Tests).

2017 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.

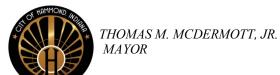
******NO CELL PHONES ARE ALLOWED IN THE TESTING ROOM***** ******FAILURE TO COMPLY WILL RESULT IN AN AUTOMATIC TEST FAILURE. *****

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 amount 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. \$10,000 Street Opening bond (if applicable).
- 8. Copy of applicant's driver's license or state ID.

If anyone needs 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.

STAT	E OF INDIANA)		
) SS:		
COUN	NTY OF LAKE)		
	I swear/ affirm that the statements on this ap	plication are true in s	ubstance and in fact.
Applicant Sigr	nature		
	Subscribed and sworn to before me this	day of	, 20
	Name:		
Notary Public	Cou	unty of Residence:	
	Cor	nmission Expires:	



HAMMOND, INDIANA POLICE DEPARTMENT REQUEST FOR LIMITED CRIMINAL HISTORY

I,	AN	EMPLOYEE O	F	
I, (LAST NAME, FIRST NAME, MIDDLE NAME, N	AAIDEN NAME)		(BUSINESS/AGENCY)	
IN THE POSITION OF(BUSINESS/AGENCY TIT				
NAME	D.O.B//	SS#	ACE	
		RACE	SEXAGE	
ADDRESS(I	INCLUDE CITY STATE	ZIP CODE)		
	INCLUDE CITT, STATE,	, Zii CODE)		
THIS INFORMATION IS BEING REQUESTED CITY OF HAMMOND.	IN CONSIDERATION (OF BECOMIN	G A LICENSED CONTR	ACTOR IN THE
I UNDERSTAND THAT ANY PERSON WHO U	SES A LIMITED CRIM	INAL HISTOR	V FOR ANY PURPOSE I	NOT SPECIFIED
UNDER I.C.5-2 CHAPTER 5, SECTION 5 COM			T POR ANT TORTOGE	(OI SI ECHIED
				
DATE	SIGNA	.TURE		
SUBSCRIBED AND SWORN TO ME THIS	DAY OF		, 20	
	NOTAI	RY PUBLIC		
MY COMMISSION EXPIRES	CITY	COUNT	ΓΥ	_
	LIMITED CRIMINAL I	HISTORY		
ARREST DATE	<u>CHARGES</u>	HISTORY	DISPOSITION	
LUE A DECORD IC POLICE CONTACT THE C	TEN CLEDIC OFFICE	EOD DIGDOGI	CLON FOOT CALLBARY	TENTE 4ST
IF A RECORD IS FOUND CONTACT THE C FLOOR (219)853-6346	ITY CLERKS OFFICE I	FOR DISPOSE	TION, 5925 CALUMET A	VENUE, 1 ³¹
INFORMATION PROVIDED BY		DATE		