

# 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 exam date will result in a failed score on the exam and a re-examination fee of \$50.00 will be required before any additional exams are given.

All license fees are \$200, renewed every calendar year (January 1<sup>st</sup> – January 31<sup>st</sup>) for \$100. Licensing requirements will be given to you once you are approved by the appropriate Board of Contractors. ***Once a company is licensed, the license renewal must be submitted by June 30<sup>th</sup>. Failure to do so will result in starting this process all over again.***

The Building Contractors Board meets at 6:00 P.M. on the 1<sup>st</sup> 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 1<sup>st</sup> 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, and must be turned in with the application. 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 days prior to the scheduled exam 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    ☐ 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? \_\_\_\_\_

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
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Apprenticeship	Contact Person	Phone
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### EMPLOYMENT REFERENCES:

Employers name	Contact Person	Phone
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Employers name	Contact Person	Phone
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Employers name	Contact Person	Phone
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### Job's completed by your company:

Property owners name	Address	Phone
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Property owners name	Address	Phone
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Property owners name	Address	Phone
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Exams are given for Electrical, HVAC, Residential and Commercial General Contractors, Residential Roofing, Commercial Roofing, Concrete, Masonry, Exterior Remodeling, and Drywall/Metal Studs. The exams 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 exam your attendance at the appropriate Board Meeting is mandatory. NO EXCEPTIONS!!!

### The codebooks used for the tests are:

2012 IBC (Commercial Test)

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

2017 NEC (**Electrical Test**)

2018 IMC (**HVAC Test**)

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.

**\*\*\*\*\*CELL PHONES MUST BE SILENCED OR SHUT OFF IN THE EXAM ROOM\*\*\*\*\***  
**\*\*\*\*\*FAILURE TO COMPLY WILL RESULT IN AN AUTOMATIC EXAM 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.
2. Workman's Compensation or a Certification of Waiver.
3. A \$5000 *license and permit 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. IF you are submitting a Continuation bond; the original license and permit bond must be submitted with it.
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 31<sup>st</sup>.
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](http://www.in.gov).
6. Plumbing license for license holder as well as the company plumbing license (if applicable).
7. \$10,000 Street Opening bond MANDATORY for all Plumbing, Boring, and Underground Utility Contractor.
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.

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\_\_

\_\_\_\_\_  
Notary Public

Name: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Commission Expires: \_\_\_\_\_



THOMAS M. MCDERMOTT, JR.  
MAYOR

## 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 \_\_\_\_\_

<u>ARREST DATE</u>	<u>LIMITED CRIMINAL HISTORY</u> <u>CHARGES</u>	<u>DISPOSITION</u>
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**\*\*IF A RECORD IS FOUND CONTACT THE CITY CLERKS OFFICE FOR DISPOSITION. 5925 CALUMET AVENUE, 1<sup>ST</sup> 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**

**PLEASE MAKE CHECKS PAYABLE TO: CITY OF HAMMOND**