

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?

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

**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.OB. ___/___/___ 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>

****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