## 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 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.

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 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.

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
	Electrical   Residential HVAC   ng   Residential Roofing   Cor	nd write-in license type eral = Drywall & Met = Commercial HVAC	al Studs

Were you previously a contractor in Hammond?  Yes No If yes, when?				
In what localities are you currently licensed?				
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 Tests)

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 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.
- 6. Plumbing license for license holder as well as the company plumbing license (if applicable).
- 7. \$10,000 Street Opening bond (if applicable).

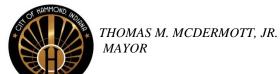
8. Copy of applicant's driver's license or state ID.

If anyone 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.

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	) SS:
COUN	TY OF LAKE)
	I swear/ affirm that the statements on this application are true in substance and in fact.
Applicant Sign	ature
	Subscribed and sworn to before me thisday of, 20
	Name:
Notary Public	County of Residence:
	Commission Expires:
	1

## AUTHORIZATION FOR FINANCIAL INFORMATION

Тог			
Financ	ial Institution		
References			
	Applicant's name		
	Account Number		
Commission my financial length of to the length of the len	oner or any authorized represe al dealings with your financia ime these accounts have been s expressly understood that the	entative thereof, any and all infor all institution including but not lin open and the overdraft history of	y in connection with a background check fo
Dated this	day of	20	
Signature			



## HAMMOND, INDIANA POLICE DEPARTMENT REQUEST FOR LIMITED CRIMINAL HISTORY

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B/ SS# RACE SEXAGE
Y, STATE, ZIP CODE)
RATION OF BECOMING A LICENSED CONTRACTOR IN TH
CD CRIMINAL HISTORY FOR ANY PURPOSE NOT SPECIFIE S A MISDEMEANOR.
SIGNATURE
, 20
NOTARY PUBLIC
COUNTY
IMINAL HISTORY RGES DISPOSITION
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