

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 4:30pm.

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 Landlord 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

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, Limited licenses for Residential Roofing, Commercial Roofing, Concrete, Masonry, Exterior Remodeling, Drywall/Metal Studs and Landlord. The tests are given on the first Monday of the month at 10:00 a.m. at the Hammond Civic Center, 5825 Sohl St. in the "Blue Room". 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)

2003 IRC with Indiana Amendments (Residential Tests).

These books can be purchased at the ICC Office located at 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, 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 Drivers 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 Authority 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 FINANACIAL 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, Kurt Koch 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.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>

****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 (219) 852-2900