

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 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

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 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 exams are open book exams 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 ON SILENT OR SHUT OFF 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.

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>

****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

PLEASE MAKE CHECKS PAYABLE TO: CITY OF HAMMOND