

City of Evansville-Vanderburgh County **Building Commission**

1 N.W. ML King Jr. Boulevard Room 310, Civic Center Complex Evansville, IN 47708 Telephone: (812) 436-7880 www.evansvillegov.org

PLEASE PRINT CLEARLY

Exam Information						
Master Tradesman						
☐ Electrician ☐ HVAC Instal	ler Steam fitter	☐ Refrig	eration Instal	ller		
Journeyman Tradesman						
☐ Electrician ☐ HVAC Installer ☐ Sheet Metal Installer ☐ Steam Fitter ☐ Refrigeration Installer						
Apprentice Tradesman						
☐ Electrician ☐ HVAC Installer ☐ Sheet Metal Installer ☐ Steam Fitter ☐ Refrigeration Installer						
<u>General Contractor</u>						
Residential Building Commercial Building						
Sub Contractor						
\square Excavating Contractor \square Underground Utility Contractor \square Piling and Caisson Contractor						
☐ Concrete Footing and Flatwork Contractor ☐ Unlimited Concrete Contractor ☐ Brick and Masonry Contractor						
☐ Waterproofing Contractor ☐ Structural Steel Contractor ☐ Wood Framing Contractor						
☐ Building Insulating Contractor ☐ Drywall Partition Contractor ☐ Tile and Marble Contractor						
☐ Glass and Glazing Contractor ☐ Siding and Guttering Contractor ☐ Residential Remodeling Contractor						
☐ Limited Roofing Contractor ☐ Unlimited Roofing Contractor						
Specialty Contractor						
Fire Sprinkler Contractor Fire Alarm Contractor Building Mover Elevator and Escalator Contractor						
☐ Flammable Liquid Tank and Piping		_				
☐ Class A Sign Erector ☐ Class B S				-		
	=			_		
			-	tractor		
☐ Unlimited Swimming Pool Contractor ☐ Limited Swimming Pool Contractor						
Applicant and Business Information	on					
Name (first, middle, last)						
Residence address (number and street)						
City		State		Zip Code		
City		_ 				
Business Name						
Business address (number and street)						
City		State		Zip Code		
Cell phone number	Home telephone number		Business telephone number			
()	()		()	Extension:		
E-mail address						
I would like to receive electronic news (updates) and event notification from the Building Commission. \square Yes \square No						
				-		
A request for Criminal Record History Form must be completed and attached to this application. The Licensing and Disciplinary Board may not approve the application if it finds the applicant has been convicted of a crime within the past three years involving						
dishonesty, fraud, deceit, or lack of integrity whereby the applicant has been benefited or whereby some injury has been sustained by another.						

Qualification Information					
Have you graduated from high school or obtained a GED? \square Yes \square No					
List any degrees, training, and/or apprentice programs you have completed (attach additional information, if needed)					
A					
Are you currently enrolled in an Approved Training Program? Yes No If "Yes", please provide information below.					
List name of the Approved Training Program you are enrolled in. (attach additional information, if needed)					
Staff verified enrollment in Approved Training Program \square Yes \square No $_$					
Staff Sign	nature Date				
Are you currently employed? ☐ Yes ☐ No ☐ Self-employed If "Yes", p	please provide the information below.				
Name of present employer	Length of employment (years)				
Address of present employer	Phone Number				
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Attach three notarized letters of recommendation including proof of four years of	of experience or current registration				
as a professional engineer in the respective trade.					
Business Registration Information					
Describe your position in the business. \square Owner \square Officer \square Full-time Em	ployee				
Name Business	Federal Tax ID Number				
Describe your business and services (attach additional information, if needed)					
Describe your business organization					
☐ Sole Proprietor ☐ Partnership ☐ Corporation					
Company Registration Insurance Requirements					
General Liability: Attach proof of general liability insurance in an amount not less	ss than One Million Dollars				
(\$1,000,000.00) with good and sufficient surety insuring all users of the licenses and indemnifying and holding harmless					
those persons sustaining loss or damages resulting from any and all work done under Building Contractor license.					
Bond: Attach proof of a surety bond in the amount of Fifteen Thousand Dollars (\$15,000.00) established in the					
applicant's name on a form provided to the Insurance Company by the Building Commission.					
Washington & Commence the second of the seco					
Workman's Compensation: Attach proof of workman's compensation coverage or an affidavit stating that by Indiana					
Law such applicant is not required to have workman's compensation Insurance.					
Affirmation					
I hereby swear or affirm that the statements made in this application are true, col Signature of applicant Date signed (month, day, y					
Signature of applicant Date signed (month, day,)	real)				