



# License Application Contractor/Tradesman

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.evansville.in.gov

**PLEASE PRINT CLEARLY**

**Exam Information**

**Master Tradesman**

- Electrician     HVAC Installer     Steam fitter     Refrigeration Installer

**Journeyman Tradesman**

- Electrician     HVAC Installer     Sheet Metal Installer     Steam Fitter     Refrigeration Installer

**General Contractor**

- Residential Building     Commercial Building

**Sub Contractor**

- Excavating Contractor     Underground Utility Contractor     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     Building Wrecker Contractor

**Specialty Contractor**

- Fire Sprinkler Contractor     Fire Alarm Contractor     Building Mover  
 Flammable Liquid Tank and Piping Contractor     Manufactured Home Repairman  
 Class A Sign Erector     Class B Sign Erector     Journeyman Sign Erector  
 Temporary Sign Erector     Limited License Professional Contractor     Special Subcontractor  
 Unlimited Swimming Pool Contractor     Limited Swimming Pool Contractor

**Applicant and Business Information**

Name *(first, middle, last)*

Residence address *(number and street)*

City

State

Zip Code

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.     Yes     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.

**Criminal Background Information**

If you answer "Yes" to any of the following three (3) questions you must explain fully in a signed affidavit, explaining the facts and or events, including all related details. Describe the event including location, date, and disposition. If it involved criminal charges, please include court documentation.

1. Has Disciplinary action ever been taken regarding any license, registration, certificate, or permit that you hold or have held?

Yes  No

2. Have you ever been denied a license, registration, certificate, or permit to practice or perform any regulated occupancy in any state (including Indiana) or country?  Yes  No

3. Except for minor violations laws resulting in fines and arrests or convictions that have been expunged by a court,

(1) have you been arrested;

(2) have you entered into a prosecutorial diversion or deferment agreement regarding a felony in any state;

(3) have you ever been convicted of a felony in any state;

(4) have you ever plead guilty to a felony in any state;

(5) have you ever plead nolo contendere to a felony in any state?

Yes  No

**Qualification Information**

Have you graduated from high school or obtained a GED?  Yes  No

List any degrees, training, and/or apprentice programs you have completed (attach additional information, if needed)

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 or have completed. (attach additional information, if needed)

Staff verified enrollment in Approved Training Program  Yes  No

Staff Signature

Date

Are you currently employed?  Yes  No  Self-employed If "Yes", please provide the information below.

Name of present employer

Length of employment (years)

Address of present employer

Phone Number

Attach three notarized letters of recommendation including proof of four years of experience or current registration as a professional engineer in the respective trade.

**Business Registration Information**

Describe your position in the business.  Owner  Officer  Full-time Employee

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 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 Twenty-five Thousand Dollars (\$25,000.00) established in the applicant's name on a form provided to the Insurance Company by the Building Commission.

**Worker's Compensation:** Attach proof of worker's compensation coverage or an affidavit stating that by Indiana Law such applicant is not required to have worker's compensation insurance.

**Affirmation**

I hereby swear or affirm that the statements made in this application are true, complete and correct.

Signature of applicant

Date signed (month, day, year)