HEATING, VENTILATION & AIR CONDTIONING LICENSE APPLICATION

FEE: $150.00

DATE: _____

APPLICANT'S NAME: _____

CELL PHONE #: _____

MAILING ADDRESS: _____

CITY / STATE / ZIP: _____

LICENSE TYPE:

TYPE A ____ **TYPE B** ____ **TYPE C** ____ **TYPE D** ____

NAME OF COMPANY REPRESENTEDE: _____

BUSINESS PHONE #: _____

MAILING ADDRESS: _____

CITY / STATE / ZIP: _____

SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION

HOW LONG IN BUSINESS?: _____ WHAT IS PRIMARY BUSINESS?: _____

GIVE SUMMARY OF YOUR WORK BACKGROUND & QUALIFICATIONS FOR THE LICENSE BEING APPLIED FOR:

_____

_____

_____

I, _____, ACKNOWLEDGE THAT ALL INFORMATION I HAVE GIVEN IS COMPLETE & ACCURATE AND THAT I HAVE READ THE CITY OF MUNCIE ORDINANCE AND UNDERSTAND IT. I AGREE TO ALLOW THE BBOARD OF EXAMINATION TO VERIFY THE INFORMATION I HAVE GIVEN TO DETERMINE MY ELIGIBILTY.

EMAIL ADDRESS: _____

SIGNATURE: _____

PLEASE SEE PAGE 2 FOR REQUIRED DOCUMENTS TO BECOME LICENSED.

REQUIRED INFORMATION & DOCUMENTS FOR HVAC LICENSING

- LETTER FROM OTHER CITY(S) WHERE YOU HOLD A LICENSE, WITH THE INFORMATION LISTED BELOW
    - TYPE OF LICENSE
    - BLOCK EXAMINATION SCORES & DATE (PROMETRIC OR IIC WILL WORK)
- APPLICANT'S INDIVIDUAL LICENSE NUMBER
- $5,000 SURETY – WITH THE CITY OF MUNCIE LISTED
- A MINIMUM OF $500,000 LIABILITY INSURANCE WITH THE CITY OF MUNCIE LISTED

SEND THIS INFORMATION TO:

ATTN: HVAC INSPECTOR

BUILDING COMMISSIONER'S OFFICE

300 N. HIGH ST.

MUNCIE, IN 47305

APPLICANTS MUST APPEAR BEFORE THE HVAC REVIEW BOARD, WHICH MEETS THE FIRST MONDAY OF EACH MONTH @ 2:00PM.

THE BOARD WON'T MEET IF THERE ARE NO NEW APPLICANTS PRIOR TO THE FIRST MONDAY.

ALL LICENSES EXPIRE DECEMBER 31ST EACH YEAR AND ARE REQUIRED TO BE RENEWED BEFORE ANY WORK IS TO BE DONE.

LICENSE FEES (CITY OF MUNCIE ORDINANCE REF: 153.54 – 153.57):

NEW LICENSE (A,B,C,D): $150.00

ANNUAL LICENSE (A,B,C,D): $100.00

PLEASE CONTACT THE CITY OF MUNCIE BUILDING COMMISSIONER'S OFFICE WITH ANYQUESTIONS YOU MAY HAVE.

MONDAY – FRIDAY (8:00AM – 4:00PM) PHONE #: (765)747-4862