

Rod Roberson
Mayor

Enrique Terrazas
Building Commissioner



Building & Code Enforcement
229 S. Second St.
Elkhart, IN 46514
574-294-5471
Fax: 574-389-1781
Permit Center Fax: 574-970-1361

Mechanical Examination Application

Registration # _____

Exam Date _____

(please print)

I, _____ hereby submit application for examination to qualify for licensing by the City of Elkhart, Indiana for the classifications checked below.

- Class A HVAC 4.5 hour
- Class AA Hydronic 3 hour
- Class AAA Refrigeration 3 hour

Examinations totaling no more than 6 hours may be taken at one time

RESIDENCE:

Street _____ Phone _____

City _____ State _____ Zip Code _____

Email Address _____

Social Security or Driver's License number _____

COMPLETE THE FOLLOWING FOR THE COMPANY *You* ARE REPRESENTING:

Company Name _____

Street _____ Phone _____

City _____ State _____ Zip Code _____

EDUCATION:

(Circle last grade completed) 3 4 5 6 7 8 9 10 11 12 13 14 15 16

High School _____

College or Trade School _____

Years as: Apprentice _____ Journeyman _____ Contractor _____

List last 3 places of employment, dates, and position or duties:

_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

Give two references (other than employers)

1. _____ Address _____
2. _____ Address _____

Have you ever held a mechanical license in this or any other city? If so, give place and dates.

Have you ever been denied a mechanical license or had any license revoked? If so, give places and dates.

A \$100 application fee must be paid for each license-class examination requested. Application fees are non-refundable. Application must be submitted in person (ID required) at:

City of Elkhart Permit Center
229 S. Second St.
Elkhart, IN 46516

Compliance with applicable Laws and Regulations will be required before license is granted.

I hereby certify that all the information that I have given herein is true and complete to the best of my knowledge and belief and that any false statement will be cause for voiding this application and /or subsequent licensing.

Signed _____ Date ____/____/____

Approved by _____ Date ____/____/____