



CLARK COUNTY PLANNING & ZONING

501 E. COURT AVENUE, ROOM 416

JEFFERSONVILLE, IN 47130

P: 812-285-6287

E: cdenison@co.clark.in.us

LICENSE REGISTRATION FORM

LICENSEE NAME: _____ DATE: _____

HOME ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

PHONE NO: _____ CELL PHONE NO: _____

EMAIL: _____

COMPANY INFORMATION

COMPANY NAME: _____

COMPANY ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

PHONE NO.: _____ EMAIL: _____

PLEASE INDICATE THE LICENSE BEING APPLIED FOR:

ELECTRICAL

HVAC

PLUMBING

PER THE CLARK COUNTY LICENSING ORDINANCE, IT IS REQUIRED TO SUBMIT, ALONG WITH THIS COMPLETED REGISTRATION FORM, A COPY OF THE APPLICANT'S VALID DRIVER'S LICENSE, A COPY OF TEST SCORES FROM A NATIONAL TESTING AGENCY (ICC, EXPERIOR, ETC.), A CURRENT LIABILITY CERTIFICATE FOR INSURANCE, AND THE REGISTRATION FEE OF \$100 (\$50 FOR PLUMBERS). AN ANNUAL RENEWAL FEE OF \$100 (\$50 FOR PLUMBERS) IS DUE BY DECEMBER 31 OF THE CURRENT YEAR AND IS VALID UNTIL JANUARY 1 OF THE FOLLOWING YEAR.

NOTE: IF THE APPLICANT HAS A CURRENT LICENSE WITH JEFFERSONVILLE, CLARKSVILLE, SELLERSBURG, OR NEW ALBANY, THAT LICENSE MAY BE USED IN LIEU OF TEST SCORES AS PART OF THE DOCUMENT SUBMITTAL.

IT IS THE RESONSIBILITY OF THE APPLICANT TO INFORM THE OFFICE OF PLANNING & ZONING UPON ANY CHANGES TO THE INFORMATION GIVEN ON THIS FORM.

I ATTEST THE AFORMENTIONED INFORMATION IS TRUE AND VALID TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND I WILL BE HELD LIABLE FOR ANY MISINFORMATION, OMITTANCES, OR ANY OTHER FALSE INFORMATION ON THIS FORM AND MAY HAVE MY CLARK COUNTY LICENSE SUSPENDED OR REVOKED AS A RESULT.

SIGNATURE: _____ DATE: _____