



## PLUMBING CONTRACTOR LICENSE APPLICATION PACKET

**Please submit all required documentation, outlined below, as required for the filing status in which you are applying. Once you complete the applications and obtain the required documents, please submit all documents together for processing. Documents may be submitted via email to [Contractors@indy.gov](mailto:Contractors@indy.gov) or mailed to the address shown in the top, left-hand corner of this page. Partial or incomplete application packets will not be accepted. Any incomplete or incorrect information will result in the entire application packet being returned for revisions in the manner it was received.**

All plumbing contractor licenses expire on December 31st of odd-numbered years and are renewable every two years. Please note that *business entity type changes* will require a new business license to be issued.

The business name on all the documentation provided (applications, certificate of insurance, bond, and worker's compensation, registration, etc.) must read *exactly* the same.

### COMPLETED COMPANY LICENSE APPLICATION

- Business Name
  - Sole Proprietors and General Partnerships
    - Business name should be listed as: "Owner(s) Name' DBA (doing business as) 'Business Name'".
  - LPs, LLPs, LLCs and Corporations
    - Full legal business name as registered with the Indiana Secretary of State
- Officers or Partners
  - Provide the name and address of anyone with financial interest in the business.
- Authorized Agents
  - Provide the name, email address, and signature of anyone that is authorized to apply for and obtain permits on behalf of the business. The Craft License Holders do not have to be listed as an authorized agent.
  - Listing up to five agents is free. A \$63.00 fee will be assessed for each additional agent.

### COMPLETED CRAFT LICENSE HOLDER APPLICATION

- Each business must have at least one currently licensed Indiana State Plumbing Contractor as their license holder.
- Each license holder must be connected to a business license.
- A separate application is required for each individual craft license holder.

### PROOF OF BUSINESS REGISTRATION

- Sole Proprietors and General Partnerships
  - Business name should be listed as: "Owner(s) Name' DBA (doing business as) 'Business Name'".
    - If the DBA includes the surname(s) of the proprietor or partners, registration of the business name is not required.
    - If the DBA does not include the surname(s) of the proprietor or partners, the DBA must be registered in the county in which the business originates. Proof of the DBA registration must be submitted with this application. If the county does not record DBA information, submit a letter from the county stating their policy.

- LPs, LLPs, LLCs, and Corporations
  - Proof of registration with the Indiana Secretary of State
- The business name on the documentation must match the business name as it is legally registered, if registration is required.

□ LICENSE FEE

- Business license fees are not assessed for sole proprietorships; only the license holder fees are assessed.
- New License Holder Fee – Prorated fee amount based on when the license is applied for during the license term:
  - Applied for 01/01/2026 to 06/30/2026: \$142.00
  - Applied for 07/01/2026 to 12/31/2026: \$107.00
  - Applied for 01/01/2027 to 12/31/2027: \$71.00
- New Business License Fee – Prorated fee amount based on when the license is applied for during the license term:
  - Applied for 01/01/2026 to 06/30/2026: \$142.00
  - Applied for 07/01/2026 to 12/31/2026: \$107.00
  - Applied for 01/01/2027 to 12/31/2027: \$71.00
- Business Renewal Fee: \$142.00
- License Holder Renewal Fee: \$142.00
- Additional Authorized Agent Fee [if exceeding (5) five agents]: \$63.00 each

Additional Contact Information:

Indiana Plumbing Commission

(317)234-8800

[Pla14@pla.IN.gov](mailto:Pla14@pla.IN.gov)

<http://www.in.gov/pla/plumbing.htm>

Indiana Secretary of State

(317)232-6576

<https://inbiz.in.gov>

Dept. of Business and Neighborhood Services  
 Contractor Licensing  
 200 E. Washington St., Suite 107  
 Indianapolis, IN 46204  
 Phone: (317) 327-1291  
 Email: [Contractors@indy.gov](mailto:Contractors@indy.gov)



INTERNAL USE ONLY
LICENSE #: _____
DATE PROCESSED: _____
PROCESSOR: _____

## COMPANY LICENSE APPLICATION

THIS IS A TWO-SIDED DOCUMENT. PLEASE COMPLETE BOTH SIDES.

\*INDICATES A REQUIRED FIELD

NEW LICENSE	RENEWAL OF EXISTING LICENSE	UPDATE/REVISION TO LICENSE
*LICENSE TYPE:	ELECTRICAL      GENERAL      HVAC	PLUMBING      WRECKING
*BUSINESS TYPE:	CORPORATION      LLC      PARTNERSHIP	SOLE PROPRIETORSHIP

\*EXACT LEGAL NAME OF BUSINESS (OR LEGAL DBA) \_\_\_\_\_

\*NAME OF PRINCIPAL OFFICER, PARTNER, OR SOLE PROPRIETOR OF BUSINESS \_\_\_\_\_

*MAILING ADDRESS	PHYSICAL ADDRESS (IF MAILING ADDRESS IS PO BOX)
*CITY/STATE/ZIP CODE	CITY/STATE/ZIP CODE
*BUSINESS PHONE NUMBER	ALTERNATE PHONE NUMBER
*EMAIL ADDRESS	

(Will be used for permitting and licensing correspondence).

### OFFICERS OR PARTNERS

List the name and address of all persons who have a financial interest in the business. If more space is needed, please include the additional names on a separate sheet of paper.

<i>Name</i>	<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Name</i>	<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Name</i>	<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Name</i>	<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Name</i>	<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

**AUTHORIZED AGENTS:**

\*List all individuals, employees, partners, and/or officers who will be authorized to secure permits in-person and online on behalf of the company. Listing up to five agents is free. A \$63.00 fee will be assessed for each additional agent.

1.	_____	_____	_____
	PRINTED NAME	EMAIL ADDRESS	SIGNATURE
2.	_____	_____	_____
	PRINTED NAME	EMAIL ADDRESS	SIGNATURE
3.	_____	_____	_____
	PRINTED NAME	EMAIL ADDRESS	SIGNATURE
4.	_____	_____	_____
	PRINTED NAME	EMAIL ADDRESS	SIGNATURE
5.	_____	_____	_____
	PRINTED NAME	EMAIL ADDRESS	SIGNATURE

For Sole Proprietorships, Partnerships, or LLCs with no employees, please read and sign below to waive the worker’s compensation requirement. Corporations are not eligible for this option.

Please be advised that \_\_\_\_\_ has/have no employees at this time. If in the future employees are hired, a certificate of insurance reflecting a policy of workman’s compensation will be provided.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Minority and Women Owned Business Enterprises (XBE)**

For businesses headquartered and domiciled in the State of Indiana ONLY. This information is voluntary. If you would prefer not to answer, please leave this section blank.

If your business is Minority, Women, Veteran, or Disabled owned, select the box that best describes your business:

- |                      |                       |
|----------------------|-----------------------|
| Minority-owned (MBE) | Women-owned (WBE)     |
| Veteran-owned (VBE)  | Disabled-owned (DOBE) |

Is your business certified with the Office of Minority and Women Business Development?      Yes      No

**Optional fee waiver questions for new General Contractor Sole Proprietor applicants only:**

Depending on your responses to the questions below, and submission of supporting documentation, you may be eligible for a 50% or 100% reduction of the initial license fee.

- |  |     |    |
|--|-----|----|
| Are you or your spouse active duty in the US Armed Forces or National Guard?               | Yes | No |
| Are you or your spouse a veteran of the US Armed Forces or National Guard?                 | Yes | No |
| Are you currently enrolled in a federal public assistance program?                         | Yes | No |
| Is your household adjusted gross income at or below 185% of the federal poverty guideline? | Yes | No |

*Submitting this application indicates the applicant has read and agrees with the following statements.*

Applicant agrees to comply with the Revised Code of Indianapolis and Marion County and all other applicable laws, ordinances, regulations, orders, and decisions of public officials. Applicant understands that the license may be suspended or revoked, and the licensee will be subject to prosecution if any applicable law, ordinance, regulation, order, or decision is violated. Applicant agrees to give the Department of Business and Neighborhood Services written notice if there is any change in the licensed business, including authorized agents or license holders, during the term of the license such that the information provided in the application form is no longer complete or accurate after such change occurs. Applicant agrees to maintain current listing information in addition to submitting proof of current general liability coverage, workman’s compensation coverage if applicable, and surety bond coverage before performing any work in the Consolidated City of Indianapolis. The person signing this application affirms they have the authority to sign for the business being licensed.

**This application must be signed and dated. Signature indicates the information is complete and accurate.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Dept. of Business and Neighborhood Services  
Contractor Licensing  
200 E. Washington St., Ste. 107  
Indianapolis, IN 46204  
Phone: (317)327-1291  
Email: Contractors@indy.gov



FOR INTERNAL USE ONLY
LICENSE #: _____
DATE PROCESSED: _____
PROCESSOR: _____

## CRAFT LICENSE HOLDER APPLICATION

\*INDICATES REQUIRED FIELD

NEW LICENSE                       RENEWAL OF EXISTING LICENSE                       LICENSE REVISION/UPDATE

\*LICENSE TYPE:     ELECTRICAL     HVACR     PLUMBING     WRECKING

\_\_\_\_\_  
\*NAME OF LICENSE HOLDER

\_\_\_\_\_  
\*HOME ADDRESS (Street address, City, State, Zip)

\_\_\_\_\_  
\*APPLICANT PHONE NUMBER

\_\_\_\_\_  
ALTERNATE BUSINESS PHONE

\_\_\_\_\_  
\*APPLICANT EMAIL ADDRESS

\_\_\_\_\_  
\*NAME OF COMPANY(IES) DOING BUSINESS WITH:

Optional fee waiver questions for <u>new</u> license holder applicants only:	
Depending on your responses to the questions below, and submission of supporting documentation, you may be eligible for a full or 50% reduction of the initial license fee.	
Are you or your spouse active duty in the US armed forces or national guard?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you or your spouse a veteran of the US armed forces or national guard?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you currently enrolled in a federal public assistance program?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your household adjusted gross income at or below 185% of the federal poverty guideline?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Submitting this application indicates the applicant has read and agrees with the following statements.

Applicant agrees to comply with the Revised Code of Indianapolis and Marion County and all other applicable laws, ordinances, regulations, orders, and decisions of public officials. Applicant understands that the license may be suspended or revoked, and the licensee will be subject to prosecution if any applicable law, ordinance, regulation, order, or decision is violated. Applicant agrees to give the Department of Business and Neighborhood Services written notice if there is any change in the license, including the business(es) with whom you work, during the term of the license such that the information provided in the application form is no longer complete or accurate after such change occurs. Applicant agrees to provide direction, supervision, and control, including specifying work processes, over the accomplishment of the craft work for which they are the licensed, qualified individual.

**This application must be signed and dated. Signature indicates the information is complete and accurate.**

\_\_\_\_\_  
\*SIGNATURE

\_\_\_\_\_  
\*DATE

