

CITY OF SOUTH BEND/ST. JOSEPH COUNTY  
BUILDING DEPARTMENT  
125 SOUTH LAFAYETTE BOULEVARD, SUITE 100  
SOUTH BEND; IN DIANA 46601  
574-235-9554  
574-235-5541 FAX

## **ELECTRICAL CONTRACTOR LICENSING REQUIREMENTS**

### Class A – Electrical Contractor’s License

1. Provide Surety Bond as follows:
  - In the amount of \$5,000.00
  - Principal's name on bond should match name used to take the exam and get licensed (can add a DBA for the company name)
  - Original bond is required and must be signed.
  - Term of bond must be for a one (1) year period with a beginning date and ending date.
  - Bond must name the City of South Bend/St. Joseph County as the obligee.
  - Bond must have a bond number.
  - Bond form should indicate ELECTRICAL CONTRACTOR
2. \$125 annual fee

### Class B – Industrial Electrical License

1. Complete Contractor Pre-Licensing Registration Form
2. Surety Bond NOT Required
  - One year term from date of issuance
3. \$125 annual fee

Questions?

Call 574-235-9554 or email [building@southbendin.gov](mailto:building@southbendin.gov)



ST. JOSEPH COUNTY / CITY OF SOUTH BEND  
CONTRACTOR PRE-LICENSING REGISTRATION



COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

E-Mail: \_\_\_\_\_

OFFICERS: PRESIDENT: \_\_\_\_\_  
VICE PRES: \_\_\_\_\_

TYPE OF CONTRACTOR: \_\_\_\_\_

NUMBER OF YEARS IN BUSINESS: \_\_\_\_\_

WORKER'S COMP. NO.: \_\_\_\_\_  
(if applicable)

BOND NO: \_\_\_\_\_

BUSINESS REFERENCES:

<u>Name</u>	<u>Address</u>	<u>Phone No.</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

FOR OFFICE USE ONLY	
Number	Expires

I, \_\_\_\_\_, BEING DULY SWORN UNDER OATH, DEPOSE and say that all the statements in this application herewithin are true. I will be responsible for compliance with all ordinances and laws in effect governing work performed under building permits issued by the St. Joseph County/City of South Bend Building Department.

\_\_\_\_\_  
Signature of Applicant

Subscribed and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary

My Commission Expires: \_\_\_\_\_

Resident of \_\_\_\_\_ County.