

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](mailto:Contractors@indy.gov)



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

## AUTHORIZED AGENT APPLICATION

\*INDICATES REQUIRED FIELD

Please note that licensed or listed contractors shall be allowed to specify five (5) authorized agents, which includes officers, partners, employees, or agents of the contractor, who are eligible to secure permits on behalf of the licensed contractor for free. Additional authorized agents may be specified, but a fee of \$63.00 will be assessed for each additional agent exceeding five (5).

This application may be submitted via email to [Contractors@indy.gov](mailto:Contractors@indy.gov) or mailed/dropped off to the address shown in the top, left-hand corner of this page.

ADD AN AGENT

REMOVE AN AGENT

\*LICENSE TYPE:  ELECTRICAL  GENERAL  HVACR  PLUMBING  WRECKING

IF REMOVING AN AGENT, LIST AGENT'S NUMBER

\_\_\_\_\_  
\*NAME OF AGENT

\_\_\_\_\_  
\*SIGNATURE OF AGENT (Not required if removing agent.)

\_\_\_\_\_  
\*COMPANY NAME

\_\_\_\_\_  
\*COMPANY LICENSE NUMBER

\_\_\_\_\_  
\*COMPANY PHONE  
NUMBER

\_\_\_\_\_  
\*AGENT'S PHONE  
NUMBER

\_\_\_\_\_  
\*AGENT'S EMAIL ADDRESS

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 listed authorized agents, 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.

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

\_\_\_\_\_  
\*PRINTED NAME OF COMPANY PRINCIPAL

\_\_\_\_\_  
\*SIGNATURE OF COMPANY PRINCIPAL

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