

JEFFERSON PARISH
RESIDENTIAL HOME IMPROVEMENT CONTRACTOR LICENSE

Attached is an examination application which must be completely filled out. The application fee of \$75.00 is due upon submittal of the application for the examination.

NOTE: Application Fees are Non-Refundable.

The Residential Home Improvement Contractor Exam is an open book exam, based on the **2015 and 2021 International Residential Building Code**. Applicants are required to bring their own book, as one will not be provided for you, nor will you be allowed to take the exam without the required book. No additional books will be allowed for the exam.

Upon successfully passing the examination license must be obtained within 1 (ONE) YEAR of the test date, and the following items are required to obtain the license:

- Proof of statutory amounts of Workman's Compensation and Public Liability Insurance are carried
- Current Occupational License from the Jurisdiction of domicile
- Sales Tax Certificate from the Louisiana Department of Revenue and Taxation
- Valid Driver's License or State ID
- \$200 Registration Fee

Acceptable forms of payment accepted are: check, money order, and credit cards. Credit card types accepted are Visa, Master Card, Discover and American Express with a convenience of 2.09% per transaction.

****NOTE – Proof of Louisiana State Home Improvement Registration will be required to perform services currently in the amount of \$7,500. Or more, in accordance with State Mandate(s), when obtaining Permits.**

Licenses are valid from date of issuance through the last day of the applicants BIRTH MONTH. To avoid a delinquent fee the applicant must renew by the last day of their birth month.

6/27/23

Jefferson Parish
Department of Building Permits
1221 Elmwood Park Blvd, Suite 101
Jefferson, LA 70123
(504) 736-6957

Project # _____



Registration Fee - \$200.00

NEW RESIDENTIAL HOME IMPROVEMENT CONTRACTOR'S LICENSE APPLICATION

License Holder's First Name _____ Middle Initial _____ Last Name _____ Suffix _____

Business Name _____

Business Address _____
(No. P.O. Boxes) Number Street City State Zip Code

Mailing Address (if different than business) _____
Number Street City State Zip Code

Business Phone # _____ Cell # _____

E-Mail Address (required) _____

Driver's License #/State _____ Date of Birth _____
Month Day Year

Applicant's Signature

-
- | | | |
|--|---|---|
| <input type="checkbox"/> Applicant Signature | <input type="checkbox"/> Occupational License | <input type="checkbox"/> Sales Tax Registration Certificate |
| <input type="checkbox"/> Liability Insurance | <input type="checkbox"/> Workman Compensation | <input type="checkbox"/> Passed Examination |

Approved by: _____ Date: _____

06/27/23