

2024 ELECTRICAL LICENSE APPLICATION

City of Elkhart, Indiana
Address: 229 S. 2nd Street, Elkhart, IN 46516
Ph. 574-294-5471 www.elkhartindiana.org

TYPE OF APPLICATION (check one): NEW RENEWAL DATA CHANGE

PLEASE PRINT CLEARLY & FILL IN ALL AREAS BELOW:

LICENSEE NAME (first, middle initial, last): JOSHUA J. RUNYAN

HOME ADDRESS: 72429 JOSEPH DRIVE

CITY: MILFORD STATE: INDIANA ZIP CODE: 46542

CELL PHONE: [REDACTED]

COMPANY NAME: MIDDLEBURY ELECTRIC

COMPANY ADDRESS: 65725 US-33

CITY: GOSHEN STATE: INDIANA ZIP CODE: 46526

WORK PHONE: [REDACTED]

THIS FORM MUST BE COMPLETED AND SIGNED BY THE LICENSEE FOR THE LICENSE TO BE ISSUED.

NOTIFICATION IN WRITING IS REQUIRED WHEN MAKING ANY INFORMATION CHANGES ABOVE. THE UNDERSIGNED STATES THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNATURE OF LICENSEE: [Signature] DATE: 4-10-24

OFFICE USE ONLY:

ACCEPTED BY: [Signature] DATE: 4/10/24

Bond Received: — License # 24-0059 Fee Paid: 100-

2024 ELECTRICAL LICENSE APPLICATION

City of Elkhart, Indiana
Address: 229 S. 2nd Street, Elkhart, IN 46516
Ph. 574-294-5471 www.elkhartindiana.org

TYPE OF APPLICATION (check one): NEW RENEWAL DATA CHANGE

PLEASE PRINT CLEARLY & FILL IN ALL AREAS BELOW:

LICENSEE NAME (first, middle initial, last): Wyatt T Redding

HOME ADDRESS: 162 Homewood Ave

CITY: Elkhart STATE: In ZIP CODE: 46516

CELL PHONE: [REDACTED]

COMPANY NAME: Redding Supply Company

COMPANY ADDRESS: 50948 Oaktree Lane

CITY: Bristol STATE: In ZIP CODE: 46507

WORK PHONE: [REDACTED]

THIS FORM MUST BE COMPLETED AND SIGNED BY THE LICENSEE FOR THE LICENSE TO BE ISSUED.

NOTIFICATION IN WRITING IS REQUIRED WHEN MAKING ANY INFORMATION CHANGES ABOVE. THE UNDERSIGNED STATES THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNATURE OF LICENSEE: [Signature] DATE: 4-22-24

OFFICE USE ONLY:

ACCEPTED BY: Wendy Sonora DATE: 4/22/24

Bond Received: _____ License # 24-0068 Fee Paid: 100.⁰⁰

Rod Roberson
Mayor

Tim Vistine
Building Commissioner



Building & Code Enforcement
229 S. Second St.
Elkhart, IN 46516
574.294.5471
Fax: 574.389.1781
Permit Center Fax:
574.970.1361

Electrical Examination Application

Exam Date: 4/16/2024

Exam Time: 8:00 AM

Name: Redding Wyett T
Last First MI

Last 4 Digits of SSN: [REDACTED]

Home Address: 162 Homewood Ave

City: Elkhart State: IN Zip: 46516

Company: Final Phase Electric

Work Address: 1035 Industrial Parkway

City: Elkhart State: IN Zip: 46516

Home Phone: [REDACTED] Work Phone: [REDACTED]

Cell Phone: [REDACTED] Email: [REDACTED]

Trade School/College: ABC Year: 2021

Years Experience As: Apprentice: 5 Journeyman: 2 Contractor: _____

Have you ever held an electrical license in this or any other city, county or state? If yes, give place and dates:
NO State of Michigan - 2023 - 2024

Have you ever been refused or had an electrical license revoked? If yes, where and when?
NO

Please list the last 3 places of employment, dates and type of duties.
Final Phase Elect Feb 2017 electrical installation
Lowex Home Imp March 2005 - Feb 2017 Sales
Granville Ink May 2003 - Jan 2005 Design Work

***A non-refundable examination application fee of \$115.00 is required at the time of the exam (credit card only).**
***Application must be submitted in person with a valid photo ID.**

I hereby certify that all the information I have given is true and correct to the best of my knowledge. VIOLATORS are subject to the penalties as specified in the Elkhart City Code 157. Penalties include fines, court costs and license suspension or revocation.

Signed: [Signature] Date: 4/12/24

Accepted By: [Signature] Date: 4/22/24

2025 ELECTRICAL LICENSE APPLICATION

City of Elkhart, Indiana
Address: 229 S. 2nd Street, Elkhart, IN 46516
Ph. 574-294-5474 www.elkhartindiana.org

TYPE OF APPLICATION (check one): NEW RENEWAL DATA CHANGE

PLEASE PRINT CLEARLY & FILL IN ALL AREAS BELOW:

LICENSEE NAME (first, middle initial, last): Adeniram W Yoder

HOME ADDRESS: 20345 CR 21

CITY: Milford STATE: IN ZIP CODE: 46542

CELL PHONE: [REDACTED]

COMPANY NAME: Amzie's Electric Inc.

COMPANY ADDRESS: 8131 W 1350 N

CITY: Nappanee STATE: IN ZIP CODE: 46550

WORK PHONE: [REDACTED]

THIS FORM MUST BE COMPLETED AND SIGNED BY THE LICENSEE FOR THE LICENSE TO BE ISSUED.

NOTIFICATION IN WRITING IS REQUIRED WHEN MAKING ANY INFORMATION CHANGES ABOVE. THE UNDERSIGNED STATES THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNATURE OF LICENSEE:  DATE: 12-02-24

OFFICE USE ONLY:
ACCEPTED BY:  DATE: 12/2/2024

LICENSE #: 24-0136 FEE PAID: 100

ELECTRICAL LICENSE APPLICATION

City of Elkhart, Indiana
229 S. 2nd Street, Elkhart, IN 46516
574-294-5474 www.elkhartindiana.org

TYPE OF APPLICATION (check one): NEW RENEWAL DATA CHANGE

LICENSEE NAME (first, middle initial, last): Francis R Feero

HOME ADDRESS: 7875 W 800 S

CITY: North Judson STATE: Indiana - IN ZIP CODE:
46366

CELL PHONE: [REDACTED] E-MAIL: [REDACTED]

COMPANY NAME: Franco R Feero DBA Independence Electrical Servi

COMPANY ADDRESS: 7875 W 800 S

CITY: North Judson STATE: Alabama - AL ZIP CODE:
46366

WORK PHONE: [REDACTED] E-MAIL: [REDACTED]

THIS FORM MUST BE COMPLETED AND SIGNED BY THE LICENSEE FOR THE LICENSE TO BE ISSUED.

***NOTIFICATION IN WRITING IS REQRUED WHEN MAKING ANY INFORMATION CHANGES ABOVE. THE UNDERSIGNED STATES THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.**

Francis Feero

11/26/2024

*SIGNATURE OF LICENSEE

DATE

2026 ELECTRICAL LICENSE APPLICATION

City of Elkhart, Indiana
Address: 229 S. 2nd Street, Elkhart, IN 46516
Ph. 574-294-5474 www.elkhartindiana.org

TYPE OF APPLICATION (check one): NEW RENEWAL DATA CHANGE

PLEASE PRINT CLEARLY & FILL IN ALL AREAS BELOW:

LICENSEE NAME (first, middle initial, last): Dillon ~~Wathen~~ L. Weatherston

HOME ADDRESS: 111 S 8th ST

CITY: Goshen STATE: IN ZIP CODE: 46528

CELL PHONE: [REDACTED] E-MAIL: [REDACTED]

COMPANY NAME: Mayer Electric

COMPANY ADDRESS: 1900 Fieldhouse Ave

CITY: Elkhart STATE: IN ZIP CODE: 46517

WORK PHONE: _____ E-MAIL: _____

THIS FORM MUST BE COMPLETED AND SIGNED BY THE LICENSEE FOR THE LICENSE TO BE ISSUED.

NOTIFICATION IN WRITING IS REQUIRED WHEN MAKING ANY INFORMATION CHANGES ABOVE. THE UNDERSIGNED STATES THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNATURE OF LICENSEE: Dillon Weatherston DATE: 12/19/25

OFFICE USE ONLY:

ACCEPTED BY: CL DATE: 12/19/25

LICENSE #: 25-0804 FEE PAID: 100.00

2025 ELECTRICAL LICENSE APPLICATION

City of Elkhart, Indiana
Address: 229 S. 2nd Street, Elkhart, IN 46516
Ph. 574-294-5474 www.elkhartindiana.org

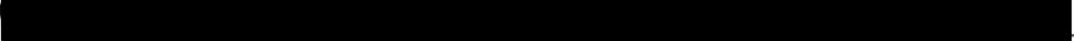
TYPE OF APPLICATION (check one): NEW RENEWAL DATA CHANGE

PLEASE PRINT CLEARLY & FILL IN ALL AREAS BELOW:

LICENSEE NAME (first, middle initial, last): Daniel R. Moyer

HOME ADDRESS: 2531 Stark Ave

CITY: Elkhart STATE: IN ZIP CODE: 46517

CELL PHONE: 

COMPANY NAME: Moyer Electric

COMPANY ADDRESS: 1900 Fieldhouse Ave

CITY: Elkhart STATE: IN ZIP CODE: 46517

WORK PHONE: (574)862-3181 E-MAIL: _____

THIS FORM MUST BE COMPLETED AND SIGNED BY THE LICENSEE FOR THE LICENSE TO BE ISSUED.

NOTIFICATION IN WRITING IS REQUIRED WHEN MAKING ANY INFORMATION CHANGES ABOVE. THE UNDERSIGNED STATES THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNATURE OF LICENSEE: Daniel Moyer DATE: 4/29/2025

OFFICE USE ONLY:

ACCEPTED BY: [Signature] DATE: 5/1/25

LICENSE #: 25-0051 FEE PAID: \$100

Rod Roberson
Mayor

Tim Vistine
Building Commissioner



Building & Code Enforcement
229 S. Second St.
Elkhart, IN 46516
574.294.5471
Fax: 574.389.1781
Permit Center Fax:
574.970.1361

Electrical License Reciprocity Application

Date: 4-16-25 Last 4 Digits of SSN: [REDACTED]

Name: Stolt Thomas J
Last First MI

Home Address: 313 Stillwater Ct.

City: Wauconda State: IL Zip: 60084

Company: Electrical Options

Work Address: 100 Oakwood Rd. Suite B.

City: Lake Zurich State: IL Zip: 60047

Home Phone: N/A Work Phone: (224) 677-5233

Cell Phone: [REDACTED] Fax Number: N/A

E Mail: [REDACTED]

Trade School/College: ABC Illinois Chapter 3yrs Year: _____

Years Experience As; Apprentice: 8yrs Journeyman: 2 Contractor: _____

Have you ever held an electrical license in this or any other city, county or state? If yes, give place and dates:

WISCONSIN Journeyman 2/2025

ICC B-16 Masters 3/11/25

Have you ever been refused or had an electrical license revoked? If yes, where and when?

NO

Please list the last 3 places of employment, dates and type of duties.

Electrical Options - Lead Estimator - Project Manager 2020-2025

Aerotech - apprentice electrical - residential 2018-2020

Superior Electrical Technologies - apprentice electrical - res 2017-2018

***A non-refundable reciprocity application fee of \$100.00 must accompany this form.**

***Application must be submitted in person with a valid photo ID.**

I hereby certify that all the information I have given is true and correct to the best of my knowledge. VIOLATORS are subject to the penalties as specified in the Elkhart City Code 157. Penalties include fines, court costs and license suspension or revocation.

Signed: [Signature] Date: 4-16-25

Receipt: - Amount: \$100 Accepted By: [Signature]

Rod Roberson
Mayor

Tim Vistine
Building Commissioner



Building & Code Enforcement
229 S. Second St.
Elkhart, IN 46516
574.294.5471
Fax: 574.389.1781
Permit Center Fax:
574.970.1361

Electrical License Reciprocity Application

Date: 03/27/2024 Last 4 Digits of SSN: [REDACTED]

Name: Finn Kyle J
Last First MI

Home Address: 4817 Oak Creek Ct.
 City: Fort Wayne State: IN Zip: 46835

Company: Service Electric of Allen County Inc
 Work Address: 4015 Meyer Rd.
 City: Fort Wayne State: IN Zip: 46808

Home Phone: _____ Work Phone: 260-447-3527
 Cell Phone: [REDACTED] Fax Number: 260-447-5217

E Mail: kfinn@serviceelectricin.com

Trade School/College: Indianapolis Electrical JATC / Ohio State University Year: 2014-2019 / 2004-2008

Years Experience As; Apprentice: 5 Journeyman: 5 Contractor: 3

Have you ever held an electrical license in this or any other city, county or state? If yes, give place and dates: Yes
Indiana (Allen, Goshen, Bartholomew, Huntington, Michigan City) Michigan, Ohio

Have you ever been refused or had an electrical license revoked? If yes, where and when? No

Please list the last 3 places of employment, dates and type of duties.

Service Electric, Fort Wayne: 2020 - Current Foreman, Superintendent, Vice president
Ermco, Indianapolis: 2017-2020 Apprentice, Journeyman, conduit, controls, motors, hospital
Miller Eads, Indianapolis: 2016-2017 Apprentice, PVC, terminations, feeders, trouble shooting

*A non-refundable reciprocity application fee of \$100.00 must accompany this form.

*Application must be submitted in person with a valid photo ID.

I hereby certify that all the information I have given is true and correct to the best of my knowledge. VIOLATORS are subject to the penalties as specified in the Elkhart City Code 157. Penalties include fines, court costs and license suspension or revocation.

Signed: Kyle Finn Date: 03/27/2024

Receipt: 24-0048 Amount: \$100.00 Accepted By: Wendy Sonora Velazquez

2024 ELECTRICAL LICENSE APPLICATION

City of Elkhart, Indiana
Address: 229 S. 2nd Street, Elkhart, IN 46516
Ph. 574-294-5471 www.elkhartindiana.org


TYPE OF APPLICATION (check one): NEW RENEWAL DATA CHANGE

PLEASE PRINT CLEARLY & FILL IN ALL AREAS BELOW:

LICENSEE NAME (first, middle initial, last): WILLIAM K. PATCHEN

HOME ADDRESS: 4116 York Rd

CITY: SOUTH BEND STATE: IN ZIP CODE: 46614

CELL PHONE: 

COMPANY NAME: BP Electric

COMPANY ADDRESS: 4116 York Rd

CITY: SOUTH BEND STATE: IN ZIP CODE: 46614

WORK PHONE: 

THIS FORM MUST BE COMPLETED AND SIGNED BY THE LICENSEE FOR THE LICENSE TO BE ISSUED.

NOTIFICATION IN WRITING IS REQUIRED WHEN MAKING ANY INFORMATION CHANGES ABOVE. THE UNDERSIGNED STATES THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNATURE OF LICENSEE:  DATE: 4/15/2024

OFFICE USE ONLY:

ACCEPTED BY: Wendy Sonora DATE: 4/18/24

Bond Received: _____ License # 24-0063 Fee Paid: \$200.⁰⁰

ELECTRICAL RECIPROCATION APPLICATION

City of Elkhart, Indiana
Address: 229 S. 2nd Street, Elkhart, IN 46516
Ph. 574-294-5471 www.elkhartindiana.org

NAME (first, middle initial, last): WILLIAM K PATCHER

HOME ADDRESS: 4116 YORK RD

CITY: SOUTH BEND STATE: IN ZIP CODE: 46614

CELL PHONE: [REDACTED]

COMPANY NAME: BP ELECTRIC

COMPANY ADDRESS: 4116 YORK RD

CITY: SOUTH BEND STATE: IN ZIP CODE: 46614

WORK PHONE: [REDACTED]

EDUCATION & WORK EXPERIENCE:

TRADE SCHOOL/COLLEGE: JATC YEAR: 1994

YEARS EXPERIENCE AS: Apprentice: 5 Journeyman: 45 Contractor: 24

Have you ever held an electrical license in this or any other city, county or state?
If yes, provide location(s) and date(s): CITY of ELKHART 2019, 2020, 2021, CITY of SOUTH BEND 2018-PRESENT
CITY of Toledo 1996-2001

Have you ever been refused or had an electrical license revoked?
If yes, provide location(s) and date(s): NO

Please list the last 3 places of employment, dates and type of duties.

- SIEMENS HEATHINGERS 2015-PRESENT
- CITY OF SAN JOSE - ELECTRICAL INSPECTOR 2010-2012
- CITY OF CHARLESTON - ELECTRICAL INSPECTOR 2012-2013

***A non-refundable Reciprocatation Application fee of \$100.00 must accompany this form.**

***An Electrical License Application must also be submitted. If you are obtaining a license with the City of Elkhart for the FIRST time, then both applications must be submitted in person with a valid photo ID.**

I hereby certify that all the information I have given is true and correct to the best of my knowledge. VIOLATORS are subject to the penalties as specified in the Elkhart City Code 157. Penalties include fines, court costs and license suspension or revocation.

Signed: [Signature] Date: 4/18/2024

Accepted By: Wendy Sonora Velazquez Date: 4/18/24

2024 ELECTRICAL LICENSE APPLICATION

City of Elkhart, Indiana
Address: 229 S. 2nd Street, Elkhart, IN 46516
Ph. 574-294-5471 www.elkhartindiana.org

TYPE OF APPLICATION (check one): NEW RENEWAL DATA CHANGE

PLEASE PRINT CLEARLY & FILL IN ALL AREAS BELOW:

LICENSEE NAME (first, middle initial, last): Marcus L Barkholder

HOME ADDRESS: 70244 CR 19

CITY: New Paris STATE: IN ZIP CODE: 46553

CELL PHONE: [REDACTED]

COMPANY NAME: Energy Solution / Trager LLC

COMPANY ADDRESS: 70244 CR 19 New Paris

CITY: New Paris STATE: IN ZIP CODE: 46553

WORK PHONE: [REDACTED]

THIS FORM MUST BE COMPLETED AND SIGNED BY THE LICENSEE FOR THE LICENSE TO BE ISSUED.

NOTIFICATION IN WRITING IS REQUIRED WHEN MAKING ANY INFORMATION CHANGES ABOVE. THE UNDERSIGNED STATES THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNATURE OF LICENSEE: Marcus Barkholder DATE: 6-17-2024

OFFICE USE ONLY:

ACCEPTED BY: [Signature] DATE: 6/17/2024

Bond Received: — License # 24-0083 Fee Paid: \$200

Rod Roberson
Mayor

Tim Vistine
Building Commissioner



Building & Code Enforcement
229 S. Second St.
Elkhart, IN 46516
574.294.5471
Fax: 574.389.1781
Permit Center Fax:
574.970.1361

Electrical Reciprocity Application

Name: Bancho Idr Marcus L

Last First MI

Last 4 Digits of SSN: [REDACTED]

Home Address: 70244 CR 19

City: New Paris State: IN Zip: 46553

Company: Energy solutions / Trager LLC

Work Address: 70244 CR 19

City: New Paris State: IN Zip: 46553

Home Phone: [REDACTED] Work Phone: [REDACTED]

Cell Phone: [REDACTED] Email: [REDACTED]

Trade School/College: _____ Year: _____

Years Experience As: Apprentice: _____ Journeyman: _____ Contractor: 0

Have you ever held an electrical license in this or any other city, county or state? If yes, give place and dates:

Elkhart County

Have you ever been refused or had an electrical license revoked? If yes, where and when?

No

Please list the last 3 places of employment, dates and type of duties.

New Mar - Service tech

La Rhonda LLC - Wood work

Lepier Lawn - Lawn Care

***A non-refundable Reciprocity Application fee of \$100.00 must accompany this form.**

***An Electrical License Application must also be submitted. If you are obtaining a license with the City of Elkhart for the first time, then both applications must be submitted in person with a valid photo ID.**

I hereby certify that all the information I have given is true and correct to the best of my knowledge. VIOLATORS are subject to the penalties as specified in the Elkhart City Code 157. Penalties include fines, court costs and license suspension or revocation.

Signed: Marcus Bancho Date: 6-17-2024

Accepted By: [Signature] Date: 6/17/2024

2024 ELECTRICAL LICENSE APPLICATION

City of Elkhart, Indiana
Address: 229 S. 2nd Street, Elkhart, IN 46516
Ph. 574-294-5471 www.elkhartindiana.org

TYPE OF APPLICATION (check one): NEW RENEWAL DATA CHANGE

PLEASE PRINT CLEARLY & FILL IN ALL AREAS BELOW:

LICENSEE NAME (first, middle initial, last): Alexander Bachman

HOME ADDRESS: 15340 Main St

CITY: Buchanan STATE: MI ZIP CODE: 49607

CELL PHONE: 

COMPANY NAME: Apollo Electric LLC

COMPANY ADDRESS: *Same as above*

CITY: _____ STATE: _____ ZIP CODE: _____

WORK PHONE: _____ E-MAIL: _____

THIS FORM MUST BE COMPLETED AND SIGNED BY THE LICENSEE FOR THE LICENSE TO BE ISSUED.

NOTIFICATION IN WRITING IS REQUIRED WHEN MAKING ANY INFORMATION CHANGES ABOVE. THE UNDERSIGNED STATES THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNATURE OF LICENSEE:  DATE: 09/24/24

OFFICE USE ONLY:

ACCEPTED BY: Wendy Sorrosa Velazquez DATE: 9/24/24

Bond Received: _____ License # 24-0107 Fee Paid: \$200.⁰⁰

Rod Roberson
Mayor

Tim Vistine
Building Commissioner



City of Elkhart
Building & Code

Building & Code Enforcement
229 S. Second St.
Elkhart, IN 46516
574.294.5471
Fax: 574.389.1781
Permit Center Fax:
574.970.1361

Electrical Reciprocity Application

Name: ~~XXXXXXXXXX~~ Bachman Alexander T
Last First MI

Last 4 Digits of SSN: [REDACTED]

Home Address: 15340 Main St

City: Buchanan State: MI Zip: 49607

Company: Apollo Electric LLC

Work Address: *same as above*

City: _____ State: _____ Zip: _____

Home Phone: — Work Phone: _____

Cell Phone: [REDACTED]

Trade School/College: JATC Year: 2020

Years Experience As: Apprentice: 4 Journeyman: 3 Contractor: 2

Have you ever held an electrical license in this or any other city, county or state? If yes, give place and dates:

Yes - St Joseph county, current
Elkhart county, current

Have you ever been refused or had an electrical license revoked? If yes, where and when?

NO

Please list the last 3 places of employment, dates and type of duties.

City of Elkhart - Electrician
CBS Service - Project Manager
Martell Electric - Electrician

*A non-refundable Reciprocity Application fee of \$100.00 must accompany this form.

*An Electrical License Application must also be submitted. If you are obtaining a license with the City of Elkhart for the first time, then both applications must be submitted in person with a valid photo ID.

I hereby certify that all the information I have given is true and correct to the best of my knowledge. VIOLATORS are subject to the penalties as specified in the Elkhart City Code 157. Penalties include fines, court costs and license suspension or revocation.

Signed: [Signature] Date: 09/24/24

Accepted By: Wendy Sonora Velazquez Date: 9/24/24

2024 ELECTRICAL LICENSE APPLICATION

City of Elkhart, Indiana
Address: 229 S. 2nd Street, Elkhart, IN 46516
Ph. 574-294-5471 www.elkhartindiana.org

TYPE OF APPLICATION (check one): NEW RENEWAL DATA CHANGE

PLEASE PRINT CLEARLY & FILL IN ALL AREAS BELOW:

LICENSEE NAME (first, middle initial, last): Justin E Barca

HOME ADDRESS: 1132 Santa Susana

CITY: Henderson STATE: NU ZIP CODE: 89002

CELL PHONE: [REDACTED]

COMPANY NAME: Universal Solar Direct

COMPANY ADDRESS: 1203 Indy Way

CITY: Indianapolis STATE: IN ZIP CODE: 46214

WORK PHONE: 317-281-5939 E-MAIL: PermitsIN@universal-solardirect.com

THIS FORM MUST BE COMPLETED AND SIGNED BY THE LICENSEE FOR THE LICENSE TO BE ISSUED.

NOTIFICATION IN WRITING IS REQUIRED WHEN MAKING ANY INFORMATION CHANGES ABOVE.
THE UNDERSIGNED STATES THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNATURE OF LICENSEE: [Signature] DATE: 10/30/24

OFFICE USE ONLY:

ACCEPTED BY: Wendy Sonora Velazquez DATE: 10/30/24

Bond Received: _____ License # 24-0124 Fee Paid: \$200.

ELECTRICAL RECIPROCATION APPLICATION

City of Elkhart, Indiana
Address: 229 S. 2nd Street, Elkhart, IN 46516
Ph. 574-294-5471 www.elkhartindiana.org

NAME (first, middle initial, last): Justin E Baca

HOME ADDRESS: 1132 Santa Susana

CITY: Henderson STATE: NU ZIP CODE: 89002

CELL PHONE: [REDACTED] E-MAIL: [REDACTED]

COMPANY NAME: universal solar direct

COMPANY ADDRESS: 1203 Indy Way

CITY: Indianapolis STATE: IN ZIP CODE: 46214

WORK PHONE: 317-281-5939 E-MAIL: PermitsIN@universalsolardirect.com

EDUCATION & WORK EXPERIENCE:

TRADE SCHOOL/COLLEGE: Operating Engineers Local 501 YEAR: 1998

YEARS EXPERIENCE AS: Apprentice: 4 Journeyman: 19 Contractor: 12

Have you ever held an electrical license in this or any other city, county or state?

If yes, provide location(s) and date(s): Indianapolis 2023-present, Gary IN Hammond IN
merriville IN Crawfordsville IN

Have you ever been refused or had an electrical license revoked?

If yes, provide location(s) and date(s): NO

Please list the last 3 places of employment, dates and type of duties.

- Operating Engineers Union 98-2002 (Stationary Engineer)
- Just In Time Ele (Master Electrician) 02-17
- Universal Solar (Master) 17-present

***A non-refundable Reciprocation Application fee of \$100.00 must accompany this form.**

***An Electrical License Application must also be submitted. If you are obtaining a license with the City of Elkhart for the FIRST time, then both applications must be submitted in person with a valid photo ID.**

I hereby certify that all the information I have given is true and correct to the best of my knowledge. VIOLATORS are subject to the penalties as specified in the Elkhart City Code 157. Penalties include fines, court costs and license suspension or revocation.

Signed: [Signature] Date: 10/30/24

Accepted By: Wendy Sonora Velazquez Date: 10/30/24



October 28, 2024

Attn: Dan Riddle
City of Elkhart
229 S. Second Street
Elkhart, IN 46516

Dear Mr. Riddle:

We have received a request from Justin Baca to furnish your office with the following information:

Mr. Justin Baca passed the National Standard International Code Council (ICC) T-16 Master Electrician examination for a Master Electrical license in Indianapolis, IN on August 4, 2023. This examination was graded by ICC with the results returned and verified by this office. Mr. Baca received a passing score of 75% or higher and his Master Electrical license, EH1800055, will expire December 31, 2025 and is eligible for renewal at this time unless suspended or revoked by law.

If you need further assistance or additional information, feel free to contact me at (317) 327-8467.

Sincerely,

Jessica Knight
Licensing & Board Coordinator

2024 ELECTRICAL LICENSE APPLICATION

City of Elkhart, Indiana
Address: 229 S. 2nd Street, Elkhart, IN 46516
Ph. 574-294-5471 www.elkhartindiana.org

TYPE OF APPLICATION (check one): NEW RENEWAL DATA CHANGE

PLEASE PRINT CLEARLY & FILL IN ALL AREAS BELOW:

LICENSEE NAME (first, middle initial, last): James A Burke

HOME ADDRESS: 3104 W Yoder Rd

CITY: Yoder STATE: IN ZIP CODE: 46798

CELL PHONE: 

COMPANY NAME: AAA Plus Electric Company LLC

COMPANY ADDRESS: 3104 W Yoder Rd

CITY: Yoder STATE: IN ZIP CODE: 46798

WORK PHONE: 

THIS FORM MUST BE COMPLETED AND SIGNED BY THE LICENSEE FOR THE LICENSE TO BE ISSUED.

NOTIFICATION IN WRITING IS REQUIRED WHEN MAKING ANY INFORMATION CHANGES ABOVE. THE UNDERSIGNED STATES THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNATURE OF LICENSEE: James A Burke DATE: 12-11-24

OFFICE USE ONLY:
ACCEPTED BY:  DATE: 12/11/2024

~~Bond Received:~~ _____ License # 24-0142 Fee Paid: ✓

ELECTRICAL RECIPROCATATION APPLICATION

City of Elkhart, Indiana
Address: 229 S. 2nd Street, Elkhart, IN 46516
Ph. 574-294-5471 www.elkhartindiana.org

NAME: Burke James A LAST 4 DIGIT OF SSN: [REDACTED]
LAST FIRST MI

HOME ADDRESS: 3104 W Yoder Rd

CITY: Yoder STATE: IN ZIP CODE: 46798

CELL PHONE: [REDACTED]

COMPANY NAME: AAA Plus Electric Company LLC

COMPANY ADDRESS: 3104 W Yoder Rd

CITY: Yoder STATE: IN ZIP CODE: 46798

WORK PHONE: [REDACTED] E-MAIL: [REDACTED]

EDUCATION & WORK EXPERIENCE:

TRADE SCHOOL/COLLEGE: _____ YEAR: _____

YEARS EXPERIENCE AS: Apprentice: 3 yrs Journeyman: 3 yrs Contractor: 15 yrs

Have you ever held an electrical license in this or any other city, county or state? If yes, provide place and dates:
Elkhart County, South Bend / St Joe County, Mishawaka, Allen County / Fort Wayne
2011, 2013, 2020 (2009-2021) (2007-2015) 2015-2017 2018 - current

Have you ever been refused or had an electrical license revoked? If yes, where and when?
NO

- Please list the last 3 places of employment, dates and type of duties.
- AAA Plus Electric 2009 - current residential, light commercial electrician
 - A&J Full Service Electric, INC 3/2012 - 7/2017 industrial electrician
 - McCormick Electrical 8/2006 - 6/2009 electrician residential + light commercial

***A non-refundable Reciprocation Application fee of \$100.00 must accompany this form.**

***An Electrical License Application must also be submitted. If you are obtaining a license with the City of Elkhart for the first time, then both applications must be submitted in person with a valid photo ID.**

I hereby certify that all the information I have given is true and correct to the best of my knowledge. VIOLATORS are subject to the penalties as specified in the Elkhart City Code 157. Penalties include fines, court costs and license suspension or revocation.

Signed: James A Burke Date: 12/11/24

Accepted By: _____ Date: _____

ELECTRICAL LICENSE APPLICATION

City of Elkhart, Indiana
229 S. 2nd Street, Elkhart, IN 46516
574-294-5474 www.elkhartindiana.org

TYPE OF APPLICATION (check one): NEW RENEWAL DATA CHANGE

LICENSEE NAME (first, middle initial, last):

HOME ADDRESS:

CITY:

STATE: ▼

ZIP CODE:

CELL PHONE:

E-MAIL:

COMPANY NAME:

COMPANY ADDRESS:

CITY:

STATE: ▼

ZIP CODE:

WORK PHONE:

E-MAIL:

THIS FORM MUST BE COMPLETED AND SIGNED BY THE LICENSEE FOR THE LICENSE TO BE ISSUED.

***NOTIFICATION IN WRITING IS REQUIRED WHEN MAKING ANY INFORMATION CHANGES ABOVE. THE UNDERSIGNED STATES THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.**

*SIGNATURE OF LICENSEE

DATE

DO NOT FILL OUT THE BELOW FORM UNLESS YOU ARE TRYING TO RECIPROCATATE INTO THE CITY OF ELKHART

ELECTRICAL RECIPROCATATION APPLICATION

City of Elkhart, Indiana
229 S. 2nd Street, Elkhart, IN 46516
574-294-5474 www.elkhartindiana.org

NAME (first, middle initial, last):

HOME ADDRESS:

CITY: STATE: ZIP CODE:

CELL PHONE: E-MAIL:

COMPANY NAME:

COMPANY ADDRESS:

CITY: STATE: ZIP CODE:

WORK PHONE: E-MAIL:

EDUCATION & WORK EXPERIENCE:

TRADE SCHOOL/COLLEGE: YEAR:

YEARS EXPERIENCE AS: Apprentice: Journeyman: Contractor:

Have you ever held an electrical license in this or any other city, county or state? Yes No
If yes, provide location(s) and date(s):

Have you ever been refused or had an electrical license revoked? Yes No

If yes, provide location(s) and date(s):

Please list the last 3 places of employment, dates and type of duties.

1.

XL Industrial Services, Inc. 10/2003 to present JW Foreman PM President

2.

Ridge & Assoc. 06/2003 to 10/2003 Construction Manager

3.

Starcon Intl 01/1994 to 05/2003 Field Service Tech, Field Supt & PM

IF YOU ARE OBTAINING A LICENSE WITH THE CITY OF ELKHART FOR THE FIRST TIME: You may submit this Reciprocity Application and the License Application form online. HOWEVER, you must submit a valid photo ID and payment IN PERSON AT THE PERMIT CENTER (229 S. 2ND STREET, ELKHART, IN 46516).

***I HEREBY CERTIFY THAT ALL THE INFORMATION I HAVE GIVEN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. VIOLATORS ARE SUBJECT TO THE PENALTIES AS SPECIFIED IN THE ELKHART CITY CODE 157. PENALTIES INCLUDE FINES, COURT COSTS AND LICENSE SUSPENSION OR REVOCATION.**

Brian Guibert

01/24/2025

*SIGNATURE OF APPLICANT

DATE

ELECTRICAL LICENSE APPLICATION

City of Elkhart, Indiana
229 S. 2nd Street, Elkhart, IN 46516
574-294-5474 www.elkhartindiana.org

TYPE OF APPLICATION (check one): NEW RENEWAL DATA CHANGE

LICENSEE NAME (first, middle initial, last):

HOME ADDRESS:

CITY: STATE: ZIP CODE:

CELL PHONE: E-MAIL:

COMPANY NAME:

COMPANY ADDRESS:

CITY: STATE: ZIP CODE:

WORK PHONE: E-MAIL:

THIS FORM MUST BE COMPLETED AND SIGNED BY THE LICENSEE FOR THE LICENSE TO BE ISSUED.

***NOTIFICATION IN WRITING IS REQUIRED WHEN MAKING ANY INFORMATION CHANGES ABOVE. THE UNDERSIGNED STATES THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.**

*SIGNATURE OF LICENSEE

DATE

ELECTRICAL LICENSE APPLICATION

City of Elkhart, Indiana
229 S. 2nd Street, Elkhart, IN 46516
574-294-5474 www.elkhartindiana.org

TYPE OF APPLICATION (check one): NEW RENEWAL DATA CHANGE

LICENSEE NAME (first, middle initial, last): Aaron M Ramer

HOME ADDRESS: 4503 W 600 N

CITY: Leesburg

STATE: Indiana - IN

ZIP CODE:

46538

CELL PHONE: [REDACTED]

E-MAIL: [REDACTED]

COMPANY NAME: Integrity Service LLC

COMPANY ADDRESS: 4503 W 600 N

CITY: Leesburg

STATE: Indiana - IN

ZIP CODE:

46538

WORK PHONE: [REDACTED]

E-MAIL: [REDACTED]

THIS FORM MUST BE COMPLETED AND SIGNED BY THE LICENSEE FOR THE LICENSE TO BE ISSUED.

***NOTIFICATION IN WRITING IS REQUIRED WHEN MAKING ANY INFORMATION CHANGES ABOVE. THE UNDERSIGNED STATES THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.**

Aaron M Ramer

11/09/2023

*SIGNATURE OF LICENSEE

DATE

ELECTRICAL LICENSE APPLICATION

City of Elkhart, Indiana
229 S. 2nd Street, Elkhart, IN 46516
574-294-5474 www.elkhartindiana.org

TYPE OF APPLICATION (check one): NEW RENEWAL DATA CHANGE

LICENSEE NAME (first, middle initial, last):

HOME ADDRESS:

CITY: STATE: ZIP CODE:

CELL PHONE: E-MAIL:

COMPANY NAME:

COMPANY ADDRESS:

CITY: STATE: ZIP CODE:

WORK PHONE: E-MAIL:

THIS FORM MUST BE COMPLETED AND SIGNED BY THE LICENSEE FOR THE LICENSE TO BE ISSUED.

***NOTIFICATION IN WRITING IS REQUIRED WHEN MAKING ANY INFORMATION CHANGES ABOVE. THE UNDERSIGNED STATES THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.**

*SIGNATURE OF LICENSEE

DATE

ELECTRICAL LICENSE APPLICATION

City of Elkhart, Indiana
229 S. 2nd Street, Elkhart, IN 46516
574-294-5474 www.elkhartindiana.org

TYPE OF APPLICATION (check one): NEW RENEWAL DATA CHANGE

LICENSEE NAME (first, middle initial, last): Zachary A Durm

HOME ADDRESS: 52161 Barrington Place

CITY: Granger **STATE:** Indiana - IN **ZIP CODE:**
46530

CELL PHONE: [REDACTED] **E-MAIL:** [REDACTED]

COMPANY NAME: Wolverine Electrical Contracting

COMPANY ADDRESS: 2700 North US Hwy 31

CITY: Niles **STATE:** Michigan - MI **ZIP CODE:**
49120

WORK PHONE: 269-683-4850 **E-MAIL:** sales@wolverineelectrical.com

THIS FORM MUST BE COMPLETED AND SIGNED BY THE LICENSEE FOR THE LICENSE TO BE ISSUED.

***NOTIFICATION IN WRITING IS REQUIRED WHEN MAKING ANY INFORMATION CHANGES ABOVE. THE UNDERSIGNED STATES THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.**

Zachary Durm

01/29/2024

*SIGNATURE OF LICENSEE

DATE



2024 ELECTRICAL LICENSE

APPLICATION

City of Elkhart, Indiana
229 S. Second St.
Elkhart, IN 46516
574-294-5471 Fax: 574-970-1361
www.elkhartindiana.org

***THIS FORM MUST BE COMPLETED AND SIGNED BY THE LICENSE HOLDER BEFORE A LICENSE WILL BE ISSUED.**

TYPE OF APPLICATION (CIRCLE ONE ONLY) NEW RENEWAL DATA
CHANGE

(PLEASE PRINT CLEARLY & FILL IN ALL AREAS)

NAME: Smith Byron E
LAST FIRST MI

HOME ADDRESS: 14283 Roosevelt Rd.

CITY: Mishawaka STATE: IN ZIP CODE: 46544

HOME PHONE: NA E-MAIL: [REDACTED]

CELL PHONE: [REDACTED]

COMPANY NAME: B and B Electric

COMPANY ADDRESS: 14283 Roosevelt Rd.

CITY: Mishawaka STATE: IN ZIP CODE: 46544

WORK PHONE [REDACTED] FAX NUMBER: _____

Notification in writing is required when making any information changes above.
The undersigned states that all the above information is true and correct.

SIGNED: Byron E. Smith DATE: 3/18/2024

Last four digits of SSN. XXX-XX- [REDACTED]

OFFICE USE ONLY

License # 24-0040

Amount: \$ 100.00

ACCEPTED BY: Cl

DATE: 3/18/24

Rod Roberson
Mayor

Tim Vistine
Building Commissioner



Building & Code Enforcement
229 S. Second St.
Elkhart, IN 46516
574.294.5471
Fax: 574.389.1781
Permit Center Fax:
574.970.1361

Electrical License Reciprocation Application

Date: 3/16/2024 Last 4 Digits of SSN: [REDACTED]

Name: Smith Byron E
Last First MI

Home Address: 14283 Roosevelt Rd.

City: Mishawaka State: IN Zip: 46544

Company: B And B Electric

Work Address: 14283 Roosevelt Rd.

City: Mishawaka State: IN Zip: 46544

Home Phone: _____ Work Phone: _____

Cell Phone: [REDACTED] Fax Number: _____

E Mail: [REDACTED]

Trade School/College: Oli LOVE UNIVERSITY Year: 1997-2001

Years Experience As; Apprentice: 2 Journeyman: 2 Contractor: 18

Have you ever held an electrical license in this or any other city, county or state? If yes, give place and dates:

Elkhart City 2006 - 2010 Mishawaka City - 2006 - 2024

St. Joseph County - 2006 - 2024 Elkhart County 2011 - 2015, 2018 - 2023

Have you ever been refused or had an electrical license revoked? If yes, where and when?

No

Please list the last 3 places of employment, dates and type of duties.

Weaver Electric Feb 2001 - March 2006 (Apprentice/Journeyman)

Owner B and B Electric March 2006 - present

***A non-refundable reciprocation application fee of \$100.00 must accompany this form.**

***Application must be submitted in person with a valid photo ID.**

I hereby certify that all the information I have given is true and correct to the best of my knowledge. VIOLATORS are subject to the penalties as specified in the Elkhart City Code 157. Penalties include fines, court costs and license suspension or revocation.

Signed: [Signature] Date: 3/18/2024

Receipt: 24-0040 Amount: 100.00 Accepted By: CL

ELECTRICAL LICENSE APPLICATION

City of Elkhart, Indiana
229 S. 2nd Street, Elkhart, IN 46516
574-294-5474 www.elkhartindiana.org

TYPE OF APPLICATION (check one): NEW RENEWAL DATA CHANGE

LICENSEE NAME (first, middle initial, last): Jon D Cutter

HOME ADDRESS: 3500 West Pointe Dr Apt 1A

CITY: Elkhart
46514

STATE: Indiana - IN

ZIP CODE:

CELL PHONE: [REDACTED]

E-MAIL: [REDACTED]

COMPANY NAME: Cutter Electric

COMPANY ADDRESS: 1650 Toledo Rd

CITY: Elkhart
46516

STATE: Indiana - IN

ZIP CODE:

WORK PHONE: [REDACTED]

E-MAIL: [REDACTED]

THIS FORM MUST BE COMPLETED AND SIGNED BY THE LICENSEE FOR THE LICENSE TO BE ISSUED.

***NOTIFICATION IN WRITING IS REQUIRED WHEN MAKING ANY INFORMATION CHANGES ABOVE. THE UNDERSIGNED STATES THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.**

Jon D Cutter

04/09/2026

*SIGNATURE OF LICENSEE

DATE

ELECTRICAL LICENSE APPLICATION

City of Elkhart, Indiana
229 S. 2nd Street, Elkhart, IN 46516
574-294-5474 www.elkhartindiana.org

TYPE OF APPLICATION (check one): NEW RENEWAL DATA CHANGE

LICENSEE NAME (first, middle initial, last):

HOME ADDRESS:

CITY: STATE: ZIP CODE:

CELL PHONE: E-MAIL:

COMPANY NAME:

COMPANY ADDRESS:

CITY: STATE: ZIP CODE:

WORK PHONE: E-MAIL:

THIS FORM MUST BE COMPLETED AND SIGNED BY THE LICENSEE FOR THE LICENSE TO BE ISSUED.

***NOTIFICATION IN WRITING IS REQUIRED WHEN MAKING ANY INFORMATION CHANGES ABOVE. THE UNDERSIGNED STATES THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.**

*SIGNATURE OF LICENSEE

DATE

2024 ELECTRICAL LICENSE APPLICATION

City of Elkhart, Indiana
Address: 229 S. 2nd Street, Elkhart, IN 46516
Ph. 574-294-5471 www.elkhartindiana.org

TYPE OF APPLICATION (check one): NEW RENEWAL DATA CHANGE

PLEASE PRINT CLEARLY & FILL IN ALL AREAS BELOW:

LICENSEE NAME (first, middle initial, last): GALE E HUTTON

HOME ADDRESS: 3489 W 625 S

CITY: TRAFALGAR STATE: Indiana ZIP CODE: 46101

CELL PHONE: [REDACTED] E-MAIL: [REDACTED]

COMPANY NAME: GE Hutton llc by GALE HUTTON

COMPANY ADDRESS: 3489 W 625 S

CITY: TRAFALGAR STATE: Indiana ZIP CODE: 46101

WORK PHONE: [REDACTED] E-MAIL: [REDACTED]

THIS FORM MUST BE COMPLETED AND SIGNED BY THE LICENSEE FOR THE LICENSE TO BE ISSUED.

NOTIFICATION IN WRITING IS REQUIRED WHEN MAKING ANY INFORMATION CHANGES ABOVE.
THE UNDERSIGNED STATES THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNATURE OF LICENSEE: *Gale E. Hutton* DATE: 9-4-2024

OFFICE USE ONLY:

ACCEPTED BY: Wendy Sonora Velazquez DATE: 9/4/2024

Bond Received: _____ License # _____ Fee Paid: _____

ELECTRICAL RECIPROCATION APPLICATION

City of Elkhart, Indiana
Address: 229 S. 2nd Street, Elkhart, IN 46516
Ph. 574-294-5471 www.elkhartindiana.org

NAME: HUTTON GALE E LAST 4 DIGIST OF SSN: [REDACTED]
LAST FIRST MI

HOME ADDRESS: 3489 W 625 S

CITY: TRAFALGAR STATE: INDIANA ZIP CODE: 46681

CELL PHONE: [REDACTED] E-MAIL: [REDACTED]

COMPANY NAME: G E Hutton Inc by Gene Hutton

COMPANY ADDRESS: 3489 W 625 S

CITY: TRAFALGAR STATE: INDIANA ZIP CODE: 46681

WORK PHONE: [REDACTED] E-MAIL: [REDACTED]

EDUCATION & WORK EXPERIENCE:

TRADE SCHOOL/COLLEGE: ITT Tech, IUPUI YEAR: 1993, 1970-78

YEARS EXPERIENCE AS: Apprentice: _____ Journeyman: _____ Contractor: 40 years

Have you ever held an electrical license in this or any other city, county or state? If yes, provide place and dates: state
MARION County - CURRENT Ft Wayne - CURRENT MARION County - CURRENT OF OHIO

Have you ever been refused or had an electrical license revoked? If yes, where and when?
NO

Please list the last 3 places of employment, dates and type of duties.

1. KTI Electric - 1993-2012 MANAGER
2. Taylor E.I current MANAGER
3. _____

***A non-refundable Reciprocatation Application fee of \$100.00 must accompany this form.**

***An Electrical License Application must also be submitted. If you are obtaining a license with the City of Elkhart for the first time, then both applications must be submitted in person with a valid photo ID.**

I hereby certify that all the information I have given is true and correct to the best of my knowledge. VIOLATORS are subject to the penalties as specified in the Elkhart City Code 157. Penalties include fines, court costs and license suspension or revocation.

Signed: [Signature] Date: 9-4-2024

Accepted By: Wendy Sonora Velazquez Date: 9/4/2024

ELECTRICAL RECIPROCATION APPLICATION

City of Elkhart, Indiana
Address: 229 S. 2nd Street, Elkhart, IN 46516
Ph. 574-294-5471 www.elkhartindiana.org

NAME (first, middle initial, last): ALEXANDR KARATSYUBA

HOME ADDRESS: 59735 PARK SIDE DR

CITY: Elkhart STATE: IN ZIP CODE: 46517

CELL PHONE: [REDACTED] E-MAIL: [REDACTED]

COMPANY NAME: KRC-Wind POWER SERVICES INC

COMPANY ADDRESS: 59735 PARK SIDE DR

CITY: Elkhart STATE: IN ZIP CODE: 46517

WORK PHONE: — E-MAIL: —

EDUCATION & WORK EXPERIENCE:

TRADE SCHOOL/COLLEGE: KVCC WTTA-15 YEAR: 2018

YEARS EXPERIENCE AS: Apprentice: 1 Journeyman: 1 Contractor: 7

Have you ever held an electrical license in this or any other city, county or state?
If yes, provide location(s) and date(s): Goshen, Elkhart county

Have you ever been refused or had an electrical license revoked?
If yes, provide location(s) and date(s): NO

Please list the last 3 places of employment, dates and type of duties.

- Balance Point construction - Journeyman
- 100A GE Wind Repairs - Electrician
- KRC Wind Power Services - Master Electrician

***A non-refundable Reciprocation Application fee of \$100.00 must accompany this form.**

***An Electrical License Application must also be submitted. If you are obtaining a license with the City of Elkhart for the FIRST time, then both applications must be submitted in person with a valid photo ID.**

I hereby certify that all the information I have given is true and correct to the best of my knowledge. VIOLATORS are subject to the penalties as specified in the Elkhart City Code 157. Penalties include fines, court costs and license suspension or revocation.

Signed: [Signature] Date: 5/20/2025

Accepted By: Wendy Sombra Velazquez Date: 5/20/25

2025 ELECTRICAL LICENSE APPLICATION

City of Elkhart, Indiana
Address: 229 S. 2nd Street, Elkhart, IN 46516
Ph. 574-294-5474 www.elkhartindiana.org

TYPE OF APPLICATION (check one): NEW RENEWAL DATA CHANGE

PLEASE PRINT CLEARLY & FILL IN ALL AREAS BELOW:

LICENSEE NAME (first, middle initial, last): ALEXANDR KARATSYUKA

HOME ADDRESS: 59735 PARK SIDE DR

CITY: Elkhart STATE: IN ZIP CODE: 46517

CELL PHONE: [REDACTED] E-MAIL: [REDACTED]

COMPANY NAME: KRC Wind Power Services INC

COMPANY ADDRESS: 59735 PARK SIDE DR

CITY: Elkhart STATE: IN ZIP CODE: 46517

WORK PHONE: — E-MAIL: [REDACTED]

THIS FORM MUST BE COMPLETED AND SIGNED BY THE LICENSEE FOR THE LICENSE TO BE ISSUED.

NOTIFICATION IN WRITING IS REQUIRED WHEN MAKING ANY INFORMATION CHANGES ABOVE. THE UNDERSIGNED STATES THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNATURE OF LICENSEE: [Signature] DATE: 5/20/2025

OFFICE USE ONLY:

ACCEPTED BY: Wendy Sonora Velazquez DATE: 5/20/25

LICENSE #: 25-0057 FEE PAID: \$200.⁰⁰



OFFICIAL RESULTS REPORT

G16 - Master Electrician



Name: Oleksandr Karatsyuba
Address: 59735 Park Side Dr
Elkhart, IN 46517

Candidate ID: [REDACTED]
Date: 02/13/2025

EXAMINATION RESULT: PASS

Congratulations! You have passed this examination.

Next Steps: Contact your jurisdiction to check what other local requirements you may need to obtain your license. A passing score on this examination satisfies the testing requirements for licensure only and does not guarantee that licensing will be granted.

Need to update your name or address on file? Your ICC email address is the Pearson VUE email address used to register for this ICC Contractor/Trades examination. Login to your myICC account to update your candidate demographic information (Address, Phone Number, Email, and Legal Name). Visit support.iccsafe.org and search *Demographics* for a step-by-step guide.

If you are unable to access your myICC account, please contact ICC at 1-888-422-7233 ext. 5524 or via email at customersuccess@iccsafe.org.

Need a duplicate result letter? Login to your online Pearson VUE account to obtain a duplicate copy of your score report.

The Code Council reserves the right to amend or withhold any examination scores if, in its sole opinion, there is adequate reason to question their validity.

The authenticity of this score report can be validated by using Pearson VUE's Online Score Report Authentication found at:
<http://www.pearsonvue.com/authenticate>



PLANNING &
DEVELOPMENT
ELKHART COUNTY

Public Services Building • 4230 Elkhart Road, Goshen, Indiana 46526
(574) 971-4678 • DPS@ElkhartCounty.com • ElkhartCountyPlanningandDevelopment.com

RECIPROCAL LICENSE REQUEST

The following named individual, Oleksandr Karatsyuba, with offices located at, 59735 Parkside Dr. Elkhart, IN 46517, is a licensed electrical contractor within the jurisdiction of Elkhart County.

License No: EC-0679-2019

This request is forwarded only on the basis that the above named individual has complied with this local jurisdictions requirements for licensing and is in no way to be considered an endorsement or a recommendation of skills or abilities to contract for or perform electrical work.

The acceptance of proof of insurance, bonding or experience is left to the issuer's discretion. The applicant of this request assumes complete responsibility for full and honest disclosure of all information pertaining to this request and holds both the requesting and requested jurisdictions harmless for any delays or difficulties resulting in issuing licenses or permits associated with this request.

Respectfully,
Kevin Williams

Elkhart County Building Commissioner

2025 ELECTRICAL LICENSE APPLICATION

City of Elkhart, Indiana
Address: 229 S. 2nd Street, Elkhart, IN 46516
Ph. 574-294-5474 www.elkhartindiana.org

TYPE OF APPLICATION (check one): NEW RENEWAL DATA CHANGE

PLEASE PRINT CLEARLY & FILL IN ALL AREAS BELOW:

LICENSEE NAME (first, middle initial, last): Paul, B, Rector

HOME ADDRESS: 13745 NW 73rd St

CITY: Parkville STATE: Mo ZIP CODE: 64152

CELL PHONE: [REDACTED] E-MAIL: [REDACTED]

COMPANY NAME: Apple Electric Integrated Solutions, Inc

COMPANY ADDRESS: 209 N Broadway St PO Box 998

CITY: Louisburg STATE: Ks ZIP CODE: 66053

WORK PHONE: [REDACTED] E-MAIL: Paul.Rector@appleelectricis.com

THIS FORM MUST BE COMPLETED AND SIGNED BY THE LICENSEE FOR THE LICENSE TO BE ISSUED.

NOTIFICATION IN WRITING IS REQUIRED WHEN MAKING ANY INFORMATION CHANGES ABOVE.
THE UNDERSIGNED STATES THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNATURE OF LICENSEE: Paul Rector DATE: 3/5/25

OFFICE USE ONLY:

ACCEPTED BY: [Signature] DATE: 3/6/25

LICENSE #: 25-0030 FEE PAID: \$200

ELECTRICAL RECIPROCATION APPLICATION

City of Elkhart, Indiana
Address: 229 S. 2nd Street, Elkhart, IN 46516
Ph. 574-294-5471 www.elkhartindiana.org

NAME: Rector Paul B LAST 4 DIGIT OF SSN: [REDACTED]
LAST FIRST MI

HOME ADDRESS: 13745 NW 73rd St

CITY: Parkville STATE: MO ZIP CODE: 64152

CELL PHONE: [REDACTED] E-MAIL: [REDACTED]

COMPANY NAME: Apole Electric Integrated Solutions, Inc

COMPANY ADDRESS: 209 N Broadway St PO Box 998

CITY: Louisburg STATE: KS ZIP CODE: 66053

WORK PHONE: [REDACTED] E-MAIL: Paul.Rector@apoleelectricis.com

EDUCATION & WORK EXPERIENCE:

TRADE SCHOOL/COLLEGE: ABC Heart of America YEAR: 2009-2012

YEARS EXPERIENCE AS: Apprentice: 4 Journeyman: 6 Contractor: 7

Have you ever held an electrical license in this or any other city, county or state? If yes, provide place and dates:

City of Kansas City MO 2021-current, City of Lawrence KS 2024-current, State of Missouri Contractor License 2021-current, Arkansas Journeyman/Current

Have you ever been refused or had an electrical license revoked? If yes, where and when?

no

Please list the last 3 places of employment, dates and type of duties.

- KASA Electric 2008-2012 / apprentice on commercial projects and services
- Batts Electric 2012-2023 / master running commercial projects. Project Manager for last few years
- P&J Electric LLC 2024-current / Installing Solar and new construction projects

***A non-refundable Reciprocatation Application fee of \$100.00 must accompany this form.**

***An Electrical License Application must also be submitted. If you are obtaining a license with the City of Elkhart for the first time, then both applications must be submitted in person with a valid photo ID.**

I hereby certify that all the information I have given is true and correct to the best of my knowledge. VIOLATORS are subject to the penalties as specified in the Elkhart City Code 157. Penalties include fines, court costs and license suspension or revocation.

Signed: Paul Rector Date: 3/5/25

Accepted By: [Signature] Date: 3/6/25

2025 ELECTRICAL LICENSE APPLICATION

City of Elkhart, Indiana
Address: 229 S. 2nd Street, Elkhart, IN 46516
Ph. 574-294-5474 www.elkhartindiana.org

TYPE OF APPLICATION (check one): NEW RENEWAL DATA CHANGE

PLEASE PRINT CLEARLY & FILL IN ALL AREAS BELOW:

LICENSEE NAME (first, middle initial, last): Roger D. Runyon

HOME ADDRESS: 3563 State Hwy 67

CITY: Gospport STATE: IN ZIP CODE: 47433

CELL PHONE: [REDACTED]

COMPANY NAME: Heartland Tower Solutions

COMPANY ADDRESS: 10277 Leases Corner Court

CITY: Camby STATE: IN ZIP CODE: 46113

WORK PHONE: [REDACTED]

THIS FORM MUST BE COMPLETED AND SIGNED BY THE LICENSEE FOR THE LICENSE TO BE ISSUED.

NOTIFICATION IN WRITING IS REQUIRED WHEN MAKING ANY INFORMATION CHANGES ABOVE. THE UNDERSIGNED STATES THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNATURE OF LICENSEE: Roger D. Runyon DATE: 3-20-25

OFFICE USE ONLY:
ACCEPTED BY: [Signature] DATE: 3-20-25

LICENSE #: 25-0034 FEE PAID: \$200

2025 ELECTRICAL LICENSE APPLICATION

City of Elkhart, Indiana
Address: 229 S. 2nd Street, Elkhart, IN 46516
Ph. 574-294-5474 www.elkhartindiana.org

TYPE OF APPLICATION (check one): NEW RENEWAL DATA CHANGE

PLEASE PRINT CLEARLY & FILL IN ALL AREAS BELOW:

LICENSEE NAME (first, middle initial, last): Robert ~~Bobby~~ R Moir

HOME ADDRESS: 8109 W Cook Rd.

CITY: Fort Wayne STATE: In. ZIP CODE: 46816

CELL PHONE: [REDACTED]

COMPANY NAME: Moir Electric

COMPANY ADDRESS: 8109 W Cook Rd.

CITY: Fort Wayne STATE: In. ZIP CODE: 46816

WORK PHONE: 260 299 6986 E-MAIL: [REDACTED]

THIS FORM MUST BE COMPLETED AND SIGNED BY THE LICENSEE FOR THE LICENSE TO BE ISSUED.

NOTIFICATION IN WRITING IS REQUIRED WHEN MAKING ANY INFORMATION CHANGES ABOVE. THE UNDERSIGNED STATES THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNATURE OF LICENSEE: [Signature] DATE: 2/24/2025

OFFICE USE ONLY:

ACCEPTED BY: _____ DATE: _____

LICENSE #: _____ FEE PAID: _____

ELECTRICAL RECIPROCATION APPLICATION

City of Elkhart, Indiana
Address: 229 S. 2nd Street, Elkhart, IN 46516
Ph. 574-294-5471 www.elkhartindiana.org

NAME: Moir Robert R LAST 4 DIGIT OF SSN: [REDACTED]
LAST FIRST MI

HOME ADDRESS: 8109 W Cook Rd.

CITY: Fort Wayne STATE: In. ZIP CODE: 46816

CELL PHONE: [REDACTED]

COMPANY NAME: Moir Electric

COMPANY ADDRESS: 8109 W Cook Rd.

CITY: Fort Wayne STATE: In. ZIP CODE: 46816

WORK PHONE: [REDACTED]

EDUCATION & WORK EXPERIENCE:

TRADE SCHOOL/COLLEGE: Ashford University YEAR: 2017

YEARS EXPERIENCE AS: Apprentice: 4 Journeyman: 4 Contractor: 3

Have you ever held an electrical license in this or any other city, county or state? If yes, provide place and dates:
Allen (2021), Auburn (2022), South Bend (2024), DeKalb (2022), Grant (2023),
Huntington (23), Noble (2023), Steuben (2023), Whitley (2023).

Have you ever been refused or had an electrical license revoked? If yes, where and when?

Please list the last 3 places of employment, dates and type of duties.

- Bac 1 Electrician July 2020 - September 2021
- Votaw / Electrician Jan 2019 - June 2020
- Endeloss / Electrician 2018 - 2018 (From California)

***A non-refundable Reciprocatation Application fee of \$100.00 must accompany this form.**

***An Electrical License Application must also be submitted. If you are obtaining a license with the City of Elkhart for the first time, then both applications must be submitted in person with a valid photo ID.**

I hereby certify that all the information I have given is true and correct to the best of my knowledge. VIOLATORS are subject to the penalties as specified in the Elkhart City Code 157. Penalties include fines, court costs and license suspension or revocation.

Signed: [Signature] Date: 2/24/2025

Accepted By: _____ Date: _____

2025 ELECTRICAL LICENSE APPLICATION

City of Elkhart, Indiana
Address: 229 S. 2nd Street, Elkhart, IN 46516
Ph. 574-294-5474 www.elkhartindiana.org

TYPE OF APPLICATION (check one): NEW RENEWAL DATA CHANGE

PLEASE PRINT CLEARLY & FILL IN ALL AREAS BELOW:

LICENSEE NAME (first, middle initial, last): Bradley D. UTTERBACK

HOME ADDRESS: 369 SCARLET DR.

CITY: GREENTOWN STATE: IN ZIP CODE: 46934

CELL PHONE: [REDACTED]

COMPANY NAME: PS ELECTRIC

COMPANY ADDRESS: 369 SCARLET DR.

CITY: GREENTOWN STATE: IN ZIP CODE: 46934

WORK PHONE: [REDACTED]

THIS FORM MUST BE COMPLETED AND SIGNED BY THE LICENSEE FOR THE LICENSE TO BE ISSUED.

NOTIFICATION IN WRITING IS REQUIRED WHEN MAKING ANY INFORMATION CHANGES ABOVE. THE UNDERSIGNED STATES THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNATURE OF LICENSEE: *Bradley D. Utterback* DATE: 11-17-25

OFFICE USE ONLY:

ACCEPTED BY: _____ DATE: _____

LICENSE #: _____ FEE PAID: _____

ELECTRICAL RECIPROCATATION APPLICATION

City of Elkhart, Indiana
Address: 229 S. 2nd Street, Elkhart, IN 46516
Ph. 574-294-5471 www.elkhartindiana.org

NAME (first, middle initial, last): BRADLEY D. UTTERBACK

HOME ADDRESS: 369 SCARLET DR.

CITY: GREENTOWN STATE: IN ZIP CODE: 46936

CELL PHONE: [REDACTED]

COMPANY NAME: PS ELECTRIC

COMPANY ADDRESS: 369 SCARLET DR.

CITY: GREENTOWN STATE: IN ZIP CODE: 46936

WORK PHONE: [REDACTED]

EDUCATION & WORK EXPERIENCE:

TRADE SCHOOL/COLLEGE: _____ YEAR: _____

YEARS EXPERIENCE AS: Apprentice: 5 Journeyman: 7 Contractor: 1

Have you ever held an electrical license in this or any other city, county or state?
If yes, provide location(s) and date(s): (INDY 9-24) (S. BEND 9-24) (GOSHEN 1-25)

Have you ever been refused or had an electrical license revoked?
If yes, provide location(s) and date(s): NO

Please list the last 3 places of employment, dates and type of duties.

- HUSTON ELECTRIC 2011-2024
- _____
- _____

***A non-refundable Reciprocatation Application fee of \$100.00 must accompany this form.**

***An Electrical License Application must also be submitted. If you are obtaining a license with the City of Elkhart for the FIRST time, then both applications must be submitted in person with a valid photo ID.**

I hereby certify that all the information I have given is true and correct to the best of my knowledge. VIOLATORS are subject to the penalties as specified in the Elkhart City Code 157. Penalties include fines, court costs and license suspension or revocation.

Signed: Brad Utterback Date: 11-17-25

Accepted By: _____ Date: _____

ELECTRICAL LICENSE APPLICATION

City of Elkhart, Indiana
229 S. 2nd Street, Elkhart, IN 46516
574-294-5474 www.elkhartindiana.org

TYPE OF APPLICATION (check one): NEW RENEWAL DATA CHANGE

LICENSEE NAME (first, middle initial, last):

HOME ADDRESS:

CITY:

STATE: ▼

ZIP CODE:

CELL PHONE:

E-MAIL:

COMPANY NAME:

COMPANY ADDRESS:

CITY:

STATE: ▼

ZIP CODE:

WORK PHONE:

E-MAIL:

THIS FORM MUST BE COMPLETED AND SIGNED BY THE LICENSEE FOR THE LICENSE TO BE ISSUED.

***NOTIFICATION IN WRITING IS REQUIRED WHEN MAKING ANY INFORMATION CHANGES ABOVE. THE UNDERSIGNED STATES THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.**

*SIGNATURE OF LICENSEE

DATE

DO NOT FILL OUT THE BELOW FORM UNLESS YOU ARE TRYING TO RECIPROCATATE INTO THE CITY OF ELKHART

ELECTRICAL RECIPROCATATION APPLICATION

City of Elkhart, Indiana
229 S. 2nd Street, Elkhart, IN 46516
574-294-5474 www.elkhartindiana.org

NAME (first, middle initial, last):

HOME ADDRESS:

CITY: STATE: ZIP CODE:

CELL PHONE: E-MAIL:

COMPANY NAME:

COMPANY ADDRESS:

CITY: STATE: ZIP CODE:

WORK PHONE: E-MAIL:

EDUCATION & WORK EXPERIENCE:

TRADE SCHOOL/COLLEGE: YEAR:

YEARS EXPERIENCE AS: Apprentice: Journeyman: Contractor:

Have you ever held an electrical license in this or any other city, county or state? Yes No

If yes, provide location(s) and date(s):

Have you ever been refused or had an electrical license revoked? Yes No

If yes, provide location(s) and date(s):

Please list the last 3 places of employment, dates and type of duties.

1.

Owner of Ryco Electric 2008- Handle all aspects of day to day, IBFW #134 Journeyman Electric- In

2.

3.

IF YOU ARE OBTAINING A LICENSE WITH THE CITY OF ELKHART FOR THE FIRST TIME: You may submit this Reciprocity Application and the License Application form online. HOWEVER, you must submit a valid photo ID and payment IN PERSON AT THE PERMIT CENTER (229 S. 2ND STREET, ELKHART, IN 46516).

***I HEREBY CERTIFY THAT ALL THE INFORMATION I HAVE GIVEN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. VIOLATORS ARE SUBJECT TO THE PENALTIES AS SPECIFIED IN THE ELKHART CITY CODE 157. PENALTIES INCLUDE FINES, COURT COSTS AND LICENSE SUSPENSION OR REVOCATION.**

Richard Dawson

04/24/2025

*SIGNATURE OF APPLICANT

DATE



2025 ELECTRICAL LICENSE APPLICATION

City of Elkhart, Indiana
229 S. Second St.
Elkhart, IN 46516
574-294-5471 Fax: 574-970-1361
www.elkhartindiana.org

***THIS FORM MUST BE COMPLETED AND SIGNED BY THE LICENSE HOLDER BEFORE A LICENSE WILL BE ISSUED.**

TYPE OF APPLICATION (CIRCLE ONE ONLY) NEW RENEWAL DATA
CHANGE

(PLEASE PRINT CLEARLY & FILL IN ALL AREAS)

NAME: Beam Travis R
LAST FIRST MI

HOME ADDRESS: 1102 Wayne

CITY: South Bend STATE: IN ZIP CODE: 46615

HOME PHONE: _____ E-MAIL: _____

CELL PHONE: _____

COMPANY NAME: Beam Team Electric

COMPANY ADDRESS: 1102 Wayne

CITY: South Bend STATE: IN ZIP CODE: 46615

WORK PHONE: _____ FAX NUMBER: _____

Notification in writing is required when making any information changes above.
The undersigned states that all the above information is true and correct.

SIGNED: Travis Beam DATE: 7-16-25

Last four digits of SSN. XXX-XX-

OFFICE USE ONLY

License # _____ Amount: \$ _____

ACCEPTED BY: _____ DATE: _____

Rod Roberson
Mayor

Tim Vistine
Building Commissioner



Building & Code Enforcement
229 S. Second St.
Elkhart, IN 46516
574.294.5471
Fax: 574.389.1781
Permit Center Fax:
574.970.1361

Electrical License Reciprocity Application

Date: 7/16/25 Last 4 Digits of SSN: [REDACTED]

Name: Beam Travis R
Last First MI

Home Address: 1102 Wayne
City: South Bend State: IN Zip: 46615

Company: Beam Team Electric

Work Address: 1102 Wayne
City: South Bend State: IN Zip: 46615

Home Phone: _____ Work Phone: _____

Cell Phone: [REDACTED] Fax Number: _____

E Mail: [REDACTED]

Trade School/College _____ Year: _____

Years Experience As; Apprentice: _____ Journeyman: _____ Contractor: 2

Have you ever held an electrical license in this or any other city, county or state? If yes, give place and dates:
yes - ST County

Have you ever been refused or had an electrical license revoked? If yes, where and when?
No

Please list the last 3 places of employment, dates and type of duties.
Weaver Electric - Electrician

***A non-refundable reciprocity application fee of \$100.00 must accompany this form.**

***Application must be submitted in person with a valid photo ID.**

I hereby certify that all the information I have given is true and correct to the best of my knowledge. **VIOLATORS** are subject to the penalties as specified in the Elkhart City Code 157. Penalties include fines, court costs and license suspension or revocation.

Signed: Tim Vistine Date: 7-16-25

Receipt: _____ Amount: _____ Accepted By: _____



ST. JOSEPH COUNTY

CITY OF SOUTH BEND



BUILDING DEPARTMENT

October 1st, 2024

City of Elkhart
229 S. Second St
Elkhart, IN, 46516

RE: Travis Beam

To Whom It May Concern:

This letter is to inform you that Travis Beam took the ICC F16 National Standard Master Electrical Exam on December 21st 2023 and received a passing score. Mr. Beam has been registered with this department and his license #7613 is active until January 22nd 2025. If you have any questions regarding this matter, please do not hesitate to contact this office.

Sincerely,

Richard Spitaels
Chief Electrical Inspector

EXCELLENCE | ACCOUNTABILITY | INNOVATION | INCLUSION | EMPOWERMENT

125 S. Lafayette Blvd. | Suite 100 | South Bend, Indiana 46601 | p 574.235.9554 | f 574.235.5541 | www.southbend.in.gov

Rod Roberson
Mayor

Tim Vistine
Building Commissioner



Building & Code Enforcement
229 S. Second St.
Elkhart, IN 46516
574.294.5471
Fax: 574.389.1781
Permit Center Fax:
574.970.1361

Electrical License Reciprocity Application

Date: 7/21/25 Last 4 Digits of SSN: [REDACTED]
Name: Gerke Jared J
Last First MI
Home Address: 4833 CR79A
City: Butler State: IN Zip: 46721
Company: Raber Electric
Work Address: ~~2367 W 100 N~~ 2367 W 100 N
City: Bluffton State: IN Zip: 46714
Home Phone: [REDACTED] Work Phone: [REDACTED]
Cell Phone: [REDACTED] Fax Number: _____
E Mail: Jaredgerke@Raberelectric.com
Trade School/College: ABC Year: _____
Years Experience As; Apprentice: 5 Journeyman: 5 Contractor: _____

Have you ever held an electrical license in this or any other city, county or state? If yes, give place and dates:
Allen county Journeyman 2020-2024
Master 2025

Have you ever been refused or had an electrical license revoked? If yes, where and when?
NO

Please list the last 3 places of employment, dates and type of duties.
Votaw electric apprentice/Journeyman 2017-2023
Jo Mary 2023-2024 Journeyman
Raber electric 2015-2017 apprentice 2025 Master

***A non-refundable reciprocity application fee of \$100.00 must accompany this form.**

***Application must be submitted in person with a valid photo ID.**

I hereby certify that all the information I have given is true and correct to the best of my knowledge. VIOLATORS are subject to the penalties as specified in the Elkhart City Code 157. Penalties include fines, court costs and license suspension or revocation.

Signed: [Signature] Date: 7/21/25

Receipt: _____ Amount: _____ Accepted By: _____



2025 ELECTRICAL LICENSE APPLICATION

City of Elkhart, Indiana
229 S. Second St.
Elkhart, IN 46516
574-294-5471 Fax: 574-970-1361
www.elkhartindiana.org

***THIS FORM MUST BE COMPLETED AND SIGNED BY THE LICENSE HOLDER BEFORE A LICENSE WILL BE ISSUED.**

TYPE OF APPLICATION (CIRCLE ONE ONLY)
CHANGE

NEW

RENEWAL

DATA

(PLEASE PRINT CLEARLY & FILL IN ALL AREAS)

NAME: GUZIK JUSTIN
LAST FIRST MI

HOME ADDRESS: 6791 N DOWAGIAC AVE

CITY: CHICAGO STATE: IL ZIP CODE: 60646

HOME PHONE: _____ E-MAIL: [REDACTED]@[REDACTED]

CELL PHONE: [REDACTED]

COMPANY NAME: TSWT ACQUISITION INC DBA TRI STATE WATER, POWER AND AIR

COMPANY ADDRESS: 1220 S West End Blvd

CITY: CAPE GIRARDEAU STATE: MO ZIP CODE: 63703

WORK PHONE: 573-339-1800 FAX NUMBER: _____

Notification in writing is required when making any information changes above.
The undersigned states that all the above information is true and correct.

SIGNED: [Signature] DATE: 10/06/2025

Last four digits of SSN. XXX-XX-[REDACTED]

OFFICE USE ONLY

License # _____

Amount: \$ _____

ACCEPTED BY: _____ DATE: _____

Rod Roberson
Mayor

Tim Vistine
Building Commissioner



Building & Code Enforcement
229 S. Second St.
Elkhart, IN 46516
574.294.5471
Fax: 574.389.1781
Permit Center Fax:
574.970.1361

Electrical License Reciprocity Application

Date: 10/06/2025 Last 4 Digits of SSN: [REDACTED]

Name: Guzik Justin M

Home Address: 6791 N Dowagiac Ave

City: Chicago State: IL Zip: 60646

Company: Tri State Water Power and Air

Work Address: 1220 S West End Blvd

City: Cape Girardeau State: MO Zip: 63703

Home Phone: _____ Work Phone: 573-339-1800

Cell Phone: [REDACTED] Fax Number: _____

E Mail: [REDACTED]

Trade School/College: IBEW Local 701 Year: 2011

Years Experience As; Apprentice: 5 Journeyman: 14 Contractor: 10

Have you ever held an electrical license in this or any other city, county or state? If yes, give place and dates:
Chicago, Missouri, Wisconsin, Minnesota, Indianapolis, Oklahoma, Utah, Pennsylvania, West Virginia, Virginia, Idaho, Arizona... (2015-current)

Have you ever been refused or had an electrical license revoked? If yes, where and when?
NO

Please list the last 3 places of employment, dates and type of duties.
Tristate Water Power and Air (08/2023-current) installation/maintenance of backup generators
Chicago Dept of Aviation (04/2021-06/2024) installation/maintenance airfield power and lighting
Sabres Plumbing/Go2 Electric (02/2014-04/2021) new construction/renodel residential/commercial plumbing/electric

***A non-refundable reciprocity application fee of \$100.00 must accompany this form.
*Application must be submitted in person with a valid photo ID.**

I hereby certify that all the information I have given is true and correct to the best of my knowledge. VIOLATORS are subject to the penalties as specified in the Elkhart City Code 157. Penalties include fines, court costs and license suspension or revocation.

Signed: _____ Date: _____

Receipt: _____ Amount: _____ Accepted By: _____

ELECTRICAL RECIPROCATION APPLICATION

City of Elkhart, Indiana
Address: 229 S. 2nd Street, Elkhart, IN 46516
Ph. 574-294-5471 www.elkhartindiana.org

NAME (first, middle initial, last): Stephan Boehler

HOME ADDRESS: 448 Broadmore Estates

CITY: Goshen STATE: IN ZIP CODE: 46528

CELL PHONE: [REDACTED] E-MAIL: [REDACTED]

COMPANY NAME: Middlebury Electric

COMPANY ADDRESS: 65725 US-33

CITY: Goshen STATE: IN ZIP CODE: 46526

WORK PHONE: [REDACTED] E-MAIL: [REDACTED]

EDUCATION & WORK EXPERIENCE:

TRADE SCHOOL/COLLEGE: LEW Augsburg YEAR: 2006

YEARS EXPERIENCE AS: Apprentice: 4 Journeyman: 11 Contractor: 15

Have you ever held an electrical license in this or any other city, county or state?
If yes, provide location(s) and date(s): Puerto Rico (2010) TN (2018-22) NY (22-25)
South bend current

Have you ever been refused or had an electrical license revoked?
If yes, provide location(s) and date(s): NO

Please list the last 3 places of employment, dates and type of duties.

- Middlebury Electric - Estimator
- SBM Electric - Owner
-

***A non-refundable Reciprocatation Application fee of \$100.00 must accompany this form.**

***An Electrical License Application must also be submitted. If you are obtaining a license with the City of Elkhart for the FIRST time, then both applications must be submitted in person with a valid photo ID.**

I hereby certify that all the information I have given is true and correct to the best of my knowledge. VIOLATORS are subject to the penalties as specified in the Elkhart City Code 157. Penalties include fines, court costs and license suspension or revocation.

Signed: [Signature] Date: 10/29/25

Accepted By: Wendy Sonora Date: 10/29/25

2025 ELECTRICAL LICENSE APPLICATION

City of Elkhart, Indiana
Address: 229 S. 2nd Street, Elkhart, IN 46516
Ph. 574-294-5474 www.elkhartindiana.org

TYPE OF APPLICATION (check one): NEW RENEWAL DATA CHANGE

PLEASE PRINT CLEARLY & FILL IN ALL AREAS BELOW:

LICENSEE NAME (first, middle initial, last): Stephan Boehler

HOME ADDRESS: 448 Boardman Estates

CITY: Goshen STATE: IN ZIP CODE: 46528

CELL PHONE: [REDACTED]

COMPANY NAME: Middlebury Electric

COMPANY ADDRESS: 65725 US-33

CITY: Goshen STATE: IN ZIP CODE: 46526

WORK PHONE: [REDACTED]

THIS FORM MUST BE COMPLETED AND SIGNED BY THE LICENSEE FOR THE LICENSE TO BE ISSUED.

NOTIFICATION IN WRITING IS REQUIRED WHEN MAKING ANY INFORMATION CHANGES ABOVE. THE UNDERSIGNED STATES THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNATURE OF LICENSEE: [Signature] DATE: 10/29/25

OFFICE USE ONLY:
ACCEPTED BY: Wendy Sonora DATE: 10/29/25

LICENSE #: 25-0413 FEE PAID: \$200.⁰⁰

2025 ELECTRICAL LICENSE APPLICATION

City of Elkhart, Indiana
Address: 229 S. 2nd Street, Elkhart, IN 46516
Ph. 574-294-5474 www.elkhartindiana.org

TYPE OF APPLICATION (check one): NEW RENEWAL DATA CHANGE

PLEASE PRINT CLEARLY & FILL IN ALL AREAS BELOW:

LICENSEE NAME (first, middle initial, last): Peter M. Henry

HOME ADDRESS: 17525 Fett Drive

CITY: Huntertown STATE: IN ZIP CODE: 46748

CELL PHONE: [REDACTED] E-MAIL: [REDACTED]

COMPANY NAME: H & L Electric, LLC

COMPANY ADDRESS: 6712 Co. Rd. 5

CITY: Laotto STATE: IN ZIP CODE: 46763

WORK PHONE: [REDACTED]

THIS FORM MUST BE COMPLETED AND SIGNED BY THE LICENSEE FOR THE LICENSE TO BE ISSUED.

NOTIFICATION IN WRITING IS REQUIRED WHEN MAKING ANY INFORMATION CHANGES ABOVE.
THE UNDERSIGNED STATES THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNATURE OF LICENSEE:  DATE: 11-26-25

OFFICE USE ONLY:

ACCEPTED BY: _____ DATE: _____

LICENSE #: _____ FEE PAID: _____

ELECTRICAL RECIPROCATATION APPLICATION

City of Elkhart, Indiana
Address: 229 S. 2nd Street, Elkhart, IN 46516
Ph. 574-294-5471 www.elkhartindiana.org

NAME: Burman, Jr. Carl W. LAST 4 DIGIST OF SSN: [REDACTED]
LAST FIRST MI

HOME ADDRESS: 1422 S. Bethlehem Rd.

CITY: Marion STATE: IN ZIP CODE: 46953

CELL PHONE: [REDACTED]

COMPANY NAME: Carl Burman Electric LLC

COMPANY ADDRESS: 1422 S. Bethlehem Rd

CITY: Marion STATE: IN ZIP CODE: 46953

WORK PHONE: [REDACTED]

EDUCATION & WORK EXPERIENCE:

TRADE SCHOOL/COLLEGE: Mike Holt Prep class YEAR: 2019

YEARS EXPERIENCE AS: Apprentice: — Journeyman: — Contractor: 30

Have you ever held an electrical license in this or any other city, county or state? If yes, provide place and dates: All Indiana Indianapolis since 2000, South Bend 2025, Allen Co. 2025, Muncie since 2000, Huntington Co. since 2000, Delaware Co. since 2024, Grant Co 30 years, Wabash 2025, Miami Co. since 2024

Have you ever been refused or had an electrical license revoked? If yes, where and when?
No

Please list the last 3 places of employment, dates and type of duties.

- Owner Carl Burman Electric, 30 years, supervisor, electrician, estimator
- *on Google + Facebook : Carl Burman Electric LLC
- * website : carlburmanelectric.com

***A non-refundable Reciprocatation Application fee of \$100.00 must accompany this form.**

***An Electrical License Application must also be submitted. If you are obtaining a license with the City of Elkhart for the first time, then both applications must be submitted in person with a valid photo ID.**

I hereby certify that all the information I have given is true and correct to the best of my knowledge. VIOLATORS are subject to the penalties as specified in the Elkhart City Code 157. Penalties include fines, court costs and license suspension or revocation.

Signed: Carl W. Burman Date: 11-19-25

2026

2025 ELECTRICAL LICENSE APPLICATION

City of Elkhart, Indiana
Address: 229 S. 2nd Street, Elkhart, IN 46516
Ph. 574-294-5474 www.elkhartindiana.org

TYPE OF APPLICATION (check one): NEW RENEWAL DATA CHANGE

PLEASE PRINT CLEARLY & FILL IN ALL AREAS BELOW:

LICENSEE NAME (first, middle initial, last): Carl W. Burman Jr.

HOME ADDRESS: 1422 S. Bethlehem Rd.

CITY: Marion STATE: IN ZIP CODE: 46953

CELL PHONE: [REDACTED]

COMPANY NAME: Carl Burman Electric LLC

COMPANY ADDRESS: 1422 S. Bethlehem Rd

CITY: Marion STATE: IN ZIP CODE: 46953

WORK PHONE: [REDACTED]

THIS FORM MUST BE COMPLETED AND SIGNED BY THE LICENSEE FOR THE LICENSE TO BE ISSUED.

NOTIFICATION IN WRITING IS REQUIRED WHEN MAKING ANY INFORMATION CHANGES ABOVE. THE UNDERSIGNED STATES THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNATURE OF LICENSEE: Carl W. Burman Jr. DATE: 11-19-25

OFFICE USE ONLY:

ACCEPTED BY: _____ DATE: _____

LICENSE #: _____ FEE PAID: _____



* copy of letter that
Indy mailed stating
test results.

November 19, 2025

Attn: Dan Riddle
City of Elkhart
229 S. Second Street
Elkhart, IN 46516

Dear Mr. Riddle:

We have received a request from Carl Burman to furnish your office with the following information:

Mr. Carl W. Burman Jr. passed the Prometric (formerly Thomson Prometric, Experior Assessments LLC, and Block and Associates) examination for a Master Electrical license in Ft. Wayne, Indiana on November 23, 2019. This examination was graded by Prometric in Nottingham, Maryland with the results returned to this office. Mr. Burman received a passing score of 76% and his Master Electrical license, EH1900017, will expire on December 31, 2025 and is eligible for renewal at that time unless suspended or revoked by law.

If you need additional or further assistance, please contact me at the following telephone number (317) 327-8467.

Sincerely,

Jessica Knight
License & Board Coordinator

2026 ELECTRICAL LICENSE APPLICATION

City of Elkhart, Indiana
Address: 229 S. 2nd Street, Elkhart, IN 46516
Ph. 574-294-5474 www.elkhartindiana.org

TYPE OF APPLICATION (check one): NEW RENEWAL DATA CHANGE

PLEASE PRINT CLEARLY & FILL IN ALL AREAS BELOW:

LICENSEE NAME (first, middle initial, last): Benjamin D. Gillespie

HOME ADDRESS: 1850 Lemon St.

CITY: Deland STATE: FL ZIP CODE: 32720

CELL PHONE: [REDACTED] E-MAIL: _____

COMPANY NAME: Home Comfort Experts

COMPANY ADDRESS: 56848 Ferrettie Ct.

CITY: Mishawaka STATE: IN ZIP CODE: 46545

WORK PHONE: [REDACTED] E-MAIL: Gillespie Electric Service@gmail.com

THIS FORM MUST BE COMPLETED AND SIGNED BY THE LICENSEE FOR THE LICENSE TO BE ISSUED.

NOTIFICATION IN WRITING IS REQUIRED WHEN MAKING ANY INFORMATION CHANGES ABOVE. THE UNDERSIGNED STATES THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNATURE OF LICENSEE: [Signature] DATE: 1-15-26

OFFICE USE ONLY:
ACCEPTED BY: CL DATE: 1/15/26

LICENSE #: 26-0079 FEE PAID: 200.00

ELECTRICAL RECIPROCATION APPLICATION

City of Elkhart, Indiana
Address: 229 S. 2nd Street, Elkhart, IN 46516
Ph. 574-294-5471 www.elkhartindiana.org

NAME (first, middle initial, last): Benjamin D. Gillespie
HOME ADDRESS: 1850 Deland ~~FL~~ Lemon St.
CITY: Deland STATE: FL ZIP CODE: 32720
CELL PHONE: [REDACTED] E-MAIL: Gillespie Electric Service@gmail.com
COMPANY NAME: Home Comfort Experts
COMPANY ADDRESS: 56848 Ferrettkie Ct
CITY: Mishawaka STATE: IN ZIP CODE: 46545
WORK PHONE: [REDACTED] E-MAIL: Gillespie Electric Service@gmail.com

EDUCATION & WORK EXPERIENCE:

TRADE SCHOOL/COLLEGE: Rowan Cabarrus Community College YEAR: 2005
YEARS EXPERIENCE AS: Apprentice: _____ Journeyman: _____ Contractor: 20

Have you ever held an electrical license in this or any other city, county or state?

If yes, provide location(s) and date(s): St. Joseph County

Have you ever been refused or had an electrical license revoked?

If yes, provide location(s) and date(s): No

Please list the last 3 places of employment, dates and type of duties.

- Home Comfort Experts - Electrician
- Gillespie Electric LLC - Electrician
- Del Monte Food - Electrician

***A non-refundable Reciprocatation Application fee of \$100.00 must accompany this form.**

***An Electrical License Application must also be submitted. If you are obtaining a license with the City of Elkhart for the FIRST time, then both applications must be submitted in person with a valid photo ID.**

I hereby certify that all the information I have given is true and correct to the best of my knowledge. VIOLATORS are subject to the penalties as specified in the Elkhart City Code 157. Penalties include fines, court costs and license suspension or revocation.

Signed: [Signature] Date: 1-15-26

Accepted By: [Signature] Date: 1/15/26

ELECTRICAL RECIPROCATION APPLICATION

City of Elkhart, Indiana
Address: 229 S. 2nd Street, Elkhart, IN 46516
Ph. 574-294-5471 www.elkhartindiana.org

NAME (first, middle initial, last): RAWEL LAGODA
HOME ADDRESS: 234 Winnebago St Unit A
CITY: Wisconsin Dells STATE: WI ZIP CODE: 53965
CELL PHONE: [REDACTED] E-MAIL: [REDACTED]
COMPANY NAME: Triad Associates Inc. dba Concordia-Triad
COMPANY ADDRESS: 361 Randy Road unit 101
CITY: Carol Stream STATE: IL ZIP CODE: 60188
WORK PHONE: 847-708-7500 E-MAIL: licenses@triad.solutions

EDUCATION & WORK EXPERIENCE:

TRADE SCHOOL/COLLEGE: ABC of Wisconsin - Fond du Lac YEAR: 2007
YEARS EXPERIENCE AS: Apprentice: 6 Journeyman: 3 Contractor: _____

Have you ever held an electrical license in this or any other city, county or state?

If yes, provide location(s) and date(s): Indianapolis, Gary, Hammond, Chicago, Cook County, Libertyville

Have you ever been refused or had an electrical license revoked?

If yes, provide location(s) and date(s): NO

Please list the last 3 places of employment, dates and type of duties.

- 2001-2008 Faith Technologies Apprentice
- _____
- 2008-Present Triad Associates dba Concordia Triad
Journeyman → Master Electrician present

*A non-refundable Reciprocatation Application fee of \$100.00 must accompany this form.

***An Electrical License Application must also be submitted. If you are obtaining a license with the City of Elkhart for the FIRST time, then both applications must be submitted in person with a valid photo ID.**

I hereby certify that all the information I have given is true and correct to the best of my knowledge. VIOLATORS are subject to the penalties as specified in the Elkhart City Code 157. Penalties include fines, court costs and license suspension or revocation.

Signed: Rawel Lagoda Date: 1-23-26
Accepted By: Wendy Sonora Velazquez Date: 1/23/26

2026 ELECTRICAL LICENSE APPLICATION

City of Elkhart, Indiana
Address: 229 S. 2nd Street, Elkhart, IN 46516
Ph. 574-294-5474 www.elkhartindiana.org

TYPE OF APPLICATION (check one): NEW RENEWAL DATA CHANGE

PLEASE PRINT CLEARLY & FILL IN ALL AREAS BELOW:

LICENSEE NAME (first, middle initial, last): PAWEL LAGODA

HOME ADDRESS: 234 Winnebago St unit A

CITY: Wisconsin Dells STATE: WI ZIP CODE: 53965

CELL PHONE: [REDACTED] E-MAIL: [REDACTED]

COMPANY NAME: Triad Associates Inc. dba Concordia-Triad

COMPANY ADDRESS: 361 Randy Road unit 101

CITY: Card Stream STATE: IL ZIP CODE: 60188

WORK PHONE: 847-708-7500 E-MAIL: licenses@triad.solutions

THIS FORM MUST BE COMPLETED AND SIGNED BY THE LICENSEE FOR THE LICENSE TO BE ISSUED.

NOTIFICATION IN WRITING IS REQUIRED WHEN MAKING ANY INFORMATION CHANGES ABOVE. THE UNDERSIGNED STATES THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNATURE OF LICENSEE: Pawel Lagoda DATE: 1-23-26

OFFICE USE ONLY:

ACCEPTED BY: Wendy Sonora Velazquez DATE: 1/23/26

LICENSE #: 26-0120 FEE PAID: \$200.⁰⁰



2025 ELECTRICAL LICENSE APPLICATION

City of Elkhart, Indiana
229 S. Second St.
Elkhart, IN 46516
574-294-5471 Fax: 574-970-1361
www.elkhartindiana.org

***THIS FORM MUST BE COMPLETED AND SIGNED BY THE LICENSE HOLDER BEFORE A LICENSE WILL BE ISSUED.**

TYPE OF APPLICATION (CIRCLE ONE ONLY) NEW RENEWAL DATA
CHANGE

(PLEASE PRINT CLEARLY & FILL IN ALL AREAS)

NAME: EISEMAN Jason A
LAST FIRST MI

HOME ADDRESS: 409 N CANAL ST

CITY: LA GRANGE STATE: IN ZIP CODE: 46761

HOME PHONE: [REDACTED]

CELL PHONE: "

COMPANY NAME: Wellspring Solar LLC

COMPANY ADDRESS: 280 E North Village Dr. Ste E

CITY: Shipshewana STATE: IN ZIP CODE: 468565

WORK PHONE: 260-399-9452 FAX NUMBER: _____

Notification in writing is required when making any information changes above.
The undersigned states that all the above information is true and correct.

SIGNED: [Signature] DATE: 2/16/2026

[REDACTED]

OFFICE USE ONLY

License # _____

Amount: \$ 200 Recip

ACCEPTED BY: JD

DATE: 2/16/26

Rod Roberson
Mayor

Tim Vistine
Building Commissioner



Building & Code Enforcement
229 S. Second St.
Elkhart, IN 46516
574.294.5471
Fax: 574.389.1781
Permit Center Fax:
574.970.1361

Electrical License Reciprocity Application

Date: 2/16 2026 [Redacted]

Name: Eiseman Jason A
Last First MI

Home Address: 409 N CANAL ST

City: Lafayette State: IN Zip: 46761

Company: Wellspring Solar, LLC

Work Address: 280 E NORTH VILLAGE DR. STE E

City: Shippensburg State: IN Zip: 46565

Home Phone: [Redacted] Work Phone: 240-399-9452

Cell Phone: 11 Fax Number: _____

E Mail: [Redacted] / jason@wellspringllc.us

Trade School/College _____ Year: _____

Years Experience As; Apprentice: 3 Journeyman: 2 Contractor: 1 4

Have you ever held an electrical license in this or any other city, county or state? If yes, give place and dates:
yes, Elkhart Co, St Joe / SB, Peru, Allen Co.

Have you ever been refused or had an electrical license revoked? If yes, where and when?
No

Please list the last 3 places of employment, dates and type of duties.
Wellspring Solar, LLC 1 yr Salm Engineer - Design System
Wellspring Components 7 yrs Salar integrator INSTALL and modify
Meijer, 5 yrs - management / RETAIL

***A non-refundable reciprocity application fee of \$100.00 must accompany this form.
*Application must be submitted in person with a valid photo ID.**

I hereby certify that all the information I have given is true and correct to the best of my knowledge. VIOLATORS are subject to the penalties as specified in the Elkhart City Code 157. Penalties include fines, court costs and license suspension or revocation.

Signed: _____ Date: _____

Receipt: _____ Amount: _____ Accepted By: _____



OFFICIAL RESULTS REPORT

G16 - Master Electrician



Name: Jason A Eiseman
Address: 409 N Canal St.
LaGrange, IN 46761

[REDACTED]
Date: 10/24/2025

EXAMINATION RESULT: **PASS**

Congratulations! You have passed this examination.

Next Steps: Contact your jurisdiction to check what other local requirements you may need to obtain your license. A passing score on this examination satisfies the testing requirements for licensure only and does not guarantee that licensing will be granted.

Need to update your name or address on file? Your ICC email address is the Pearson VUE email address used to register for this ICC Contractor/Trades examination. Login to your myICC account to update your candidate demographic information (Address, Phone Number, Email, and Legal Name). Visit support.iccsafe.org and search *Demographics* for a step-by-step guide.

If you are unable to access your myICC account, please contact ICC at 1-888-422-7233 ext. 5524 or via email at customersuccess@iccsafe.org.

Need a duplicate result letter? Login to your online Pearson VUE account to obtain a duplicate copy of your score report.

The Code Council reserves the right to amend or withhold any examination scores if, in its sole opinion, there is adequate reason to question their validity.

The authenticity of this score report can be validated by using Pearson VUE's Online Score Report Authentication found at:
<http://www.pearsonvue.com/authenticate>



2026 ELECTRICAL LICENSE APPLICATION

City of Elkhart, Indiana
Address: 229 S. 2nd Street, Elkhart, IN 46516
Ph. 574-294-5474 www.elkhartindiana.org

TYPE OF APPLICATION (check one): NEW RENEWAL DATA CHANGE

PLEASE PRINT CLEARLY & FILL IN ALL AREAS BELOW:

LICENSEE NAME (first, middle initial, last): MYLES D. LEAS

HOME ADDRESS: 3899 CR 61

CITY: BUTLER STATE: IN ZIP CODE: 46721

CELL PHONE: [REDACTED] E-MAIL: [REDACTED]

COMPANY NAME: R. E. MIDWEST ELECTRIC

COMPANY ADDRESS: P.O. BOX 65

CITY: AUBURN STATE: IN ZIP CODE: 46706

WORK PHONE: 260 276 5514 E-MAIL: remidwestelectrics@gmail.com

THIS FORM MUST BE COMPLETED AND SIGNED BY THE LICENSEE FOR THE LICENSE TO BE ISSUED.

NOTIFICATION IN WRITING IS REQUIRED WHEN MAKING ANY INFORMATION CHANGES ABOVE.
THE UNDERSIGNED STATES THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNATURE OF LICENSEE:  DATE: 2-23-26

OFFICE USE ONLY:

ACCEPTED BY: _____ DATE: _____

LICENSE #: _____ FEE PAID: _____

ELECTRICAL LICENSE APPLICATION

City of Elkhart, Indiana
229 S. 2nd Street, Elkhart, IN 46516
574-294-5474 www.elkhartindiana.org

TYPE OF APPLICATION (check one): NEW RENEWAL DATA CHANGE

LICENSEE NAME (first, middle initial, last): MYRAN MCKNIGHT

HOME ADDRESS: 23528 Broadwood Dr

CITY: ELKHART

STATE: Indiana - IN

ZIP CODE:

46516

CELL PHONE: [REDACTED]

COMPANY NAME: Southside Remodeling & Repair

COMPANY ADDRESS: 23528 Broadwood Dr

CITY: ELKHART

STATE: Indiana - IN

ZIP CODE:

46516

WORK PHONE: [REDACTED]

THIS FORM MUST BE COMPLETED AND SIGNED BY THE LICENSEE FOR THE LICENSE TO BE ISSUED.

***NOTIFICATION IN WRITING IS REQUIRED WHEN MAKING ANY INFORMATION CHANGES ABOVE. THE UNDERSIGNED STATES THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.**

MYRAN MCKNIGHT

03/23/2026

*SIGNATURE OF LICENSEE

DATE

DO NOT FILL OUT THE BELOW FORM UNLESS YOU ARE TRYING TO RECIPROCATATE INTO THE CITY OF ELKHART

ELECTRICAL RECIPROCATATION APPLICATION

City of Elkhart, Indiana
229 S. 2nd Street, Elkhart, IN 46516
574-294-5474 www.elkhartindiana.org

NAME (first, middle initial, last): MYRAN MCKNIGHT

HOME ADDRESS: 23528 Broadwood Dr

CITY: ELKHART STATE: Indiana - IN ZIP CODE: 46516

CELL PHONE: [REDACTED]

COMPANY NAME: Southside Remodeling & Repair

COMPANY ADDRESS: 23528 Broadwood Dr

CITY: ELKHART STATE: Indiana - IN ZIP CODE: 46514

WORK PHONE: [REDACTED]

EDUCATION & WORK EXPERIENCE:

TRADE SCHOOL/COLLEGE: INDIANA CONSTRUCT IN TRADING AI YEAR: 2000 & 2011

YEARS EXPERIENCE AS: Apprentice: [] Journeyman: [] Contractor: 24

Have you ever held an electrical license in this or any other city, county or state? Yes No
If yes, provide location(s) and date(s):

Have you ever been refused or had an electrical license revoked? Yes No

If yes, provide location(s) and date(s): []

Please list the last 3 places of employment, dates and type of duties.

1.

SELF EMPLOYED

2.

3.

IF YOU ARE OBTAINING A LICENSE WITH THE CITY OF ELKHART FOR THE FIRST TIME: You may submit this Reciprocity Application and the License Application form online. HOWEVER, you must submit a valid photo ID and payment IN PERSON AT THE PERMIT CENTER (229 S. 2ND STREET, ELKHART, IN 46516).

***I HEREBY CERTIFY THAT ALL THE INFORMATION I HAVE GIVEN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. VIOLATORS ARE SUBJECT TO THE PENALTIES AS SPECIFIED IN THE ELKHART CITY CODE 157. PENALTIES INCLUDE FINES, COURT COSTS AND LICENSE SUSPENSION OR REVOCATION.**

MYRAN MCKNIGHT

03/23/2026

*SIGNATURE OF APPLICANT

DATE