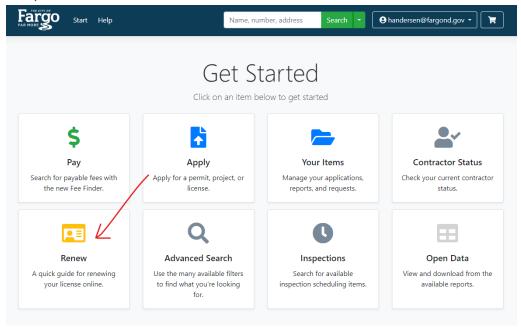
How Do I Renew My Heating License?

Step 1: Go to the Permit Portal. (https://permits.fargond.gov/)

Step 2: Log in to your account.

Step 3: Click on "Renew."



Step 4: Find your license and click "Renew."

Step 5: Confirm your information and click "Save and Continue."

- Journeyman's = There are no required documents before submitting.
- Master's = You <u>must</u> supply your new ICCOI (Certificate of Liability Insurance).
 - Make sure you have the new policy expiration date listed for each policy.
 - o The "Certificate Holder" should have City of Fargo listed.
 - o Example of ICCOI is available on the next page.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MW/DDYYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

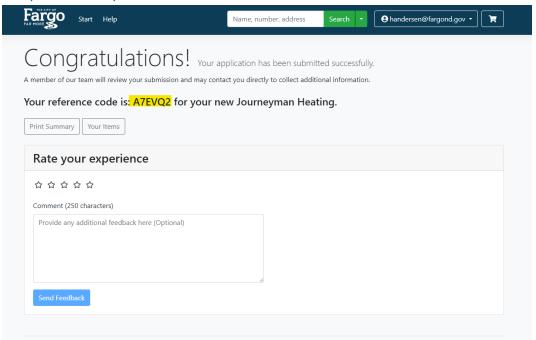
PRODUCES					NAME: PHONE FAX (A/C. No. Ext/) E-MAIL ADDRESS:					
					IN3	URER(8) AFFOR	DING COVERAGE		NAIC #	
				INSURE	RA:					
INSU	RED			NSURE	RB					
				INSURE	RC:					
				INSURE	RD.					
				INSURE	RE:					
				INSURER F:						
COVERAGES CERTIFICATE NUMBER: 191775				REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIO INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THI CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSURED TO THE POLICY FOR THE POLICY PROPERTY.								VHICH THIS		
LTR	TYPE OF INSURANCE	ADDL SUBR INSD W/D	POLICY NUMBER		(MM/DDYYYYY)	(MM/DD/YYYY)	LIMIT	8		
Α	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	1		,	1/1/2024	1/1/2025	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,00 \$ 300,00		
	COMMONNOE 11 CCCCK						PREMISES (Ea occurrence)	\$ 5,000	~	
							MED EXP (Any one person) PERSONAL & ADV INJURY	\$1,000,	000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,		
	V PRO-						PRODUCTS - COMP/OP AGG	\$2,000,		
	OTHER:						PRODUCTS - COMPTOP AGG	\$ 2,000,	000	
В	AUTOMOBILE LIABILITY				1/1/2024	1/1/2025	COMBINED SINGLE LIMIT	\$ 1,000,	000	
	X ANY AUTO				., .,		BODILY INJURY (Per person)	5		
	OWNED SCHEDULED						BODILY INJURY (Per accident)	\$		
	AUTOS ONLY AUTOS NON-OWNED AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
	ADTOS CHET						irei accidelli	\$		
С	UMBRELLA LIAB X OCCUR				1/1/2024	1/1/2025	EACH OCCURRENCE	\$8,000,	000	
	X EXCESS LIAB CLAIMS-MADE				-		AGGREGATE	\$8,000,	000	
	DED X RETENTION\$ 0							5		
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	(1/1/2024	1/1/2025	X PER OTH- STATUTE ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						E.L. EACH ACCIDENT	\$ 500,000		
	(Mandatory In NH)						E.L. DISEASE - EA EMPLOYEE	\$ 500,00	0	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 500,00		
٨	Inland Marine	1			1/1/2024	1/1/2025	Scheduled Equipment Leased/Rented Equip Deductible	See Be 100,00 2,500		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Additional insured status on a primary, non-contributory basis including completed operations and a waiver of subrogation applies to the certificate holder on the general liability, auto liability, and worker's compensation when required by written contract. Workers Compensation applies to MN & SD. Master Plumbers License										
CE	CERTIFICATE HOLDER CANCELLATION									
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. City of Fargo PO Box 2083										
Fargo ND 58107										

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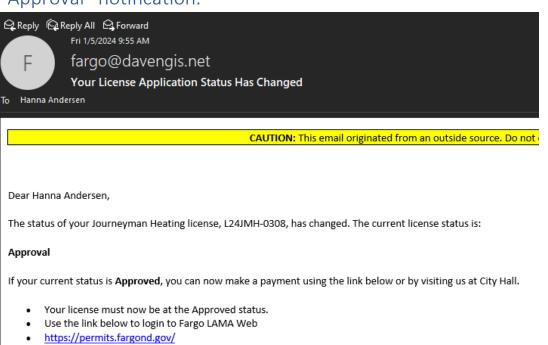
ACORD 25 (2016/03)

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Step 6: Save your referral code for reference.



Step 7. Over the next few business days, check your emails for an "Approval" notification.



In the following page use the Fee Finder search field to find and pay the fee.

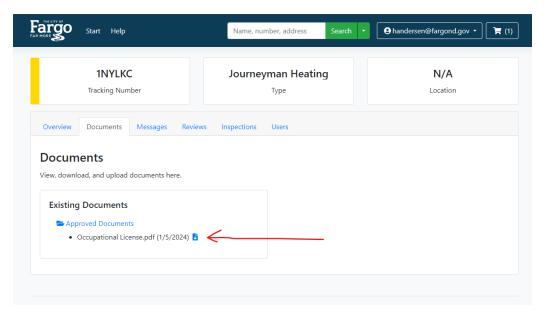
Click on the Icon "Pay"

Step 8: Log back into your account to pay for the license.

- You can follow the instructions from your email, <u>OR</u> you can log into your account and go to "My Items."
- Then, click "Pay Fees" under the license number and follow the payment prompts.

Step 9: You should now be able to find your license in "Your Items"

- In "My Items," click "View" under the license number.
- Then, click "Documents"
- Download your occupational license.



You should keep a copy of your license with you at all times when working. This is an example of what you will download.



Auditor's Office 225 North 4th Street Fargo, ND 58102 (701) 241-1304 Fax: (701) 241-8184

CITY OF FARGO OCCUPATIONAL LICENSE

This is to certify that:

Hanna Andersen

has paid the license fee and otherwise complied with the ordinances of the

CITY OF FARGO

and has been duly licensed the following:

Journeyman Heating

This license will expire on 12/31/2026 or may be sooner revoked or cancelled.

License No.: L24JMH-0307

License Fee: \$0.00

Date Approved: 1/5/2024

Licensee, for paper copy of license cut on dashed lines below.

Licensee Type: Journeyman Heating
Licensee: Hanna Andersen
License No.: L24JMH-0307
Expiration Date: 12/31/2026

Mechanical Inspector: