# Pikes Peak **REGIONAL** Building Department

## Mechanical Contractor License Application

Contractors must be licensed by Pikes Peak Regional Building Department ("PPRBD") prior to consulting for, contracting for, or performing work that requires a permit.

## Mechanical Contractor A (Commercial)

This license shall entitle the holder to obtain permits for and perform the installation, replacement, service, and repair of gas piping, heating, ventilating, and air conditioning systems in any type or size of structure permitted by the Regional Building Code. Employees of the contractor shall also be appropriately licensed to install, replace, service, and repair these systems and equipment. (RBC204.2.1)

## Mechanical Contractor B (Residential)

This license shall authorize the holder to obtain permits for and perform the installation, replacement or service, and repair of gas piping, heating, ventilating, and air conditioning systems in one- and two-family dwellings and accessory structures of not more than three (3) stories in height. Employees of the contractor shall also be appropriately licensed to install, replace, service, and repair these systems and equipment. (RBC204.2.2)

## Mechanical Contractor C-1 (Gas Piping)

This license shall authorize the contractor to obtain permits for and perform the installation, replacement or service, and repair of gas piping systems, and installation, replacement, service, and repair of gas appliances not connected to duct systems. Employees of the contractor shall also be appropriately licensed to install, replace, service, and repair these systems and equipment. (RBC204.2.3.1)

## Mechanical Contractor C-2 (Commercial Refrigeration)

This license shall authorize the contractor to obtain permits for and perform the installation, replacement or service, and repair of commercial refrigeration systems. Employees of the contractor shall also be appropriately licensed to install, replace, service, and repair these systems and equipment. (RBC204.2.3.2)

## Mechanical Contractor C-3 (Residential Maintenance/Repair)

This license shall authorize the contractor to obtain permits for and perform the replacement or service and repair of heating, ventilating, and air conditioning systems on existing systems in one- and two-family dwellings and accessory structures of not more than three (3) stories in height. Employees of the contractor shall also be appropriately licensed to install, replace, service, and repair these systems and equipment. (RBC204.2.3.3)

## Mechanical Contractor C-4 (Residential Remodeling)

This license shall authorize the contractor to obtain permits for and perform the installation, replacement or service, and repair of duct work serving heating, ventilating, and air conditioning systems in existing one- and two-family dwellings and accessory structures of not more than three (3) stories in height. (RBC204.2.3.4)

## Mechanical Contractor E (Elevators/Escalators)

This license shall entitle the holder to obtain permits for and perform the construction, alteration, or repair of any device or equipment governed by the Regional Building Code. (RBC204.2.5)

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## The items listed below are required for consideration of your license application:

- Application form Pages 4-11 must be filled out completely or the application will not be accepted.
   \*Attaching the Applicant's resume is recommended.
- □ A non-refundable \$50 application/processing fee is due at the time the application is submitted. \*The fee is payable by cash, check, or credit card.
- □ Copy of current Driver License or photo ID card issued by a state or federal government.
- □ Approved and passed ICC National Standardized Contractor Exam, if applicable.
- □ 3 Pikes Peak Regional Building Reference Request Forms for Applicant, filled out in their entirety.
- □ Copies of all current licenses held by the company and Applicant, if any, within or outside the State of Colorado.
- □ Liability Insurance Certificate.
  - \* The contractor business name designated on your insurance certificate and in your license application must match the Colorado Secretary of State records EXACTLY. If you are contracting for work under tradename(s), the tradename(s) must also be included on your insurance certificate and in your contractor license/registration application.
  - \* Required minimum insurance levels are listed in Section RBC201.7 of the Regional Building Code. A certificate of insurance for liability is required for all contractors performing construction consulting or construction work covered by the Regional Building Code within the jurisdiction of the Department. A certificate of insurance for worker's compensation is also required if the contractor has any employees and is not exempt from the Colorado State Statute requirements. If the contractor is exempt, the contractor must provide documentation from the State of Colorado. When providing certificates of insurance, "Pikes Peak Regional Building Department" is required to be listed as the certificate holder. The Department does not need to be listed as an additional insured.
- Workers' Compensation Certificate or Rejection of Coverage from the State of Colorado. (www.colorado.gov)
- □ Certificate of Good Standing from the State of Colorado. (<u>www.sos.state.co.us</u>)
- □ See attached Privacy Act Statement.

#### \*Please Note:

A name-based judicial record check will be performed by PPRBD. The name-based judicial record review process may affect when your application will be reviewed by the Licensing Committee.

\*Electronic License Applications can also be submitted online at <a href="http://www.pprbd.org/Licensing/Application">www.pprbd.org/Licensing/Application</a>

\* \* \* \*

### <u>References</u>

Three (3) references are required (see attached application form Pages 9-11). A reference cannot be provided by a relative, spouse, or a current PPRBD employee. References shall document the experience of the license type for which you are applying. Examples include, an architect or engineer who worked on the site of the Applicant's project; building owner for whom the Applicant worked; or a general contractor for whom the Applicant worked. The Applicant is responsible for providing the attached "Reference Request Form" to three or more individuals. The individuals providing the references may return them to the Applicant or PPRBD by following the instructions on the form. You may e-mail the Contractor Licensing Office at licensing@pprbd.org to confirm receipt of references.

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## License Review

The Licensing Committee considers license requests and makes recommendations for approval, conditions, or denials to the Board of Review. All required documents, exam, name-based judicial record review, and application fee must be complete before the license request is placed on the Licensing Committee meeting agenda. The deadline to submit the completed application and all required documents to PPRBD is three (3) weeks prior to the Licensing Committee meeting. The deadline to submit <u>supplemental</u> application documents to PPRBD, including but not limited to additional relevant experience, is ten (10) calendar days prior to the Licensing Committee meeting; any documents submitted to PPRBD past the 10-calendar day deadline will result in the license application remaining in "incomplete" status and its possible consideration at the next month's Licensing Committee meeting. No exceptions to this requirement shall be considered by PPRBD staff. License approvals, conditions, or denials are recommendations by the Licensing Committee and must be approved by the Board of Review, which meets the following week.

### License Issuance

Within sixty (60) days of the Board of Review's approval, the Applicant must obtain the license. After sixty (60) days, an unclaimed license is voided, the entire application file is discarded, and the Applicant must reapply. Work cannot be consulted for, contracted for, or performed until the license is issued.

## License Fees and License Exams

The Department accepts ICC National Standardized or ICC Colorado Standard (where applicable) exams taken and passed on or after January 1, 2016. No out-of-state exams will be accepted. A person in possession of an active State of Colorado Journeyman Plumbing License is not required to take an examination for a Heating Mechanic I (Fitter) License. See ICC Testing for more information. License fees are paid before license issuance. Fees are NOT prorated for a portion of the year.

License Description	License Fee	Exam Required
Mechanical Commercial	\$100	Yes
Mechanical Residential	\$100	Yes
Mechanical (Gas Piping)	\$100	Yes
Mechanical (Commercial Refrigeration)	\$100	Yes
Mechanical (Residential Maintenance/Repair)	\$100	Yes
Mechanical (Residential Remodeling)	\$100	Yes
Mechanical (Elevators/Escalators)	\$100	No
	Mechanical Commercial Mechanical Residential Mechanical (Gas Piping) Mechanical (Commercial Refrigeration) Mechanical (Residential Maintenance/Repair) Mechanical (Residential Remodeling)	Mechanical Commercial\$100Mechanical Residential\$100Mechanical (Gas Piping)\$100Mechanical (Commercial Refrigeration)\$100Mechanical (Residential Maintenance/Repair)\$100Mechanical (Residential Remodeling)\$100

<sup>(</sup>RBC201.6; RBC202.6)

Med	chanical	Contrac	tor Licen	se Applic	ation		
MECH	ANICAL CONT	FRACTOR LICE	NSE REQUESTED	(check one)		R	BD USE ONLY
H-4	_		H-E				s:
	3 H-C2 mary aminee	H-C4 Secondary Examinee	Upgrade License ID ;	4			pt #
Bus	iness Info	ormation					
Туре с	of Entity (Che	eck one)	Individual	Partnership	Corpo	oration	LLC Other
Busine (DBAs)	(The busine business wil	l operate includi	ng DBAs. The busine	ess name must mat	ch exactly the n	ame on file w	der which the contracting ith the Colorado Secretary e jurisdiction of PPRBD.)
Federa	al Employer I	D: (if any)					
Busine	ss Address:						
							Apt./Unit #
	ss Phone: _ ss Fax: _		Busines	ty s E-Mail: s Website:		State	Zip Code
Compa	ny's Principa	als or Owners:					
Name: Name:					Title: Title:		
1.	Number of y	ears company	has operated a	s a contractor	(if new, write "r	new"):	
2.	Has the con	npany ever he	ld a license with	PPRBD before	? If so, list th	e ID#:	
3.	Contractor	type of work (	check one or both,	if applicable)	Reside	ential	Commercial
4.	Has this co	mpany or any	y other entity	you have beer	n or are asso	ciated wit	h been named in or

responsible for any entered and unsatisfied judgements, liens, and/or claims against it?

Yes No If yes, explain:

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- 5. Has the company or any entity you have been or are associated with been accused of, charged, or liable for any claims (civil, criminal, or administrative) for work related to any license, registration, or certification issued by this jurisdiction or for work related to the building trades in any jurisdiction? Yes No If yes, explain:
- Has the company changed its name and/or assumed the business and/or assets of another company?
   Yes
   No If yes, explain:
- Has the company ever had a license or registration suspended or revoked? Yes No If yes, explain:
- Has the company ever defaulted on a construction consultation and/or construction contract? Yes
   No If yes, explain:
- 9. Has the company ever declared bankruptcy? Yes No If yes, explain:

CERTIFICATION (The following declaration is to be signed by a principal or an owner of the company) The undersigned, on behalf of the company, does hereby declare and warrant that the "Applicant" for a contractor's license named herein has the express authority to bind the company by this application; and further, the company does hereby agree to abide by the ordinances, rules, codes, and regulations promulgated by the City of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County, and the City of Woodland Park, Teller County, in regard to any work which may be performed by the company pursuant to the contractor's license for which this application is made and for which the work is governed by the Regional Building Code. (See attached Privacy Act Statement)

Representative Printed Name:		
Signature of Representative:	 Date: _	

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## Mechanical Contractor License Application

Appl	icant's Info	rmation				
Applica	nt's Name:					
		Last		First	M.I.	Suffix
Date of	Birth:		Social Securit	y Number:		
Residen	nce Address:				<u> </u>	
						Apt./Unit #
		Number / Stre	et Only - No P. O	Boxes or PBM's		
	—	Ci	ity	State		Zip Code
Applica	nt's Home Phor	ne:		Applicant's Cell Pho	one:	
Applica	nt's Office Pho	ne:		Applicant's Fax:		
Applica	nt's E-mail Add	ress:				
		ea of expertise in th you worked in the co		-		
3. \	What is your af	filiation with the cor	mpany? (Principal,	employee,etc.)		
<ul> <li>Have you been accused of, charged, or liable for any claims (civil, criminal, or administrative) for wor related to any license or registration issued by this jurisdiction or for work related to the building trades in any jurisdiction?</li> <li>Yes No If yes, explain:</li> </ul>						

5. Have you been named in or responsible for any entered or unsatisfied judgments, liens, and/or claims?

Yes No If yes, explain:

- 6. Have you declared bankruptcy? Yes No If yes, explain:
- 7. Have you had ownership interest(s) in other companies which have done construction work or construction consulting work within the jurisdiction of PPRBD? If so, provide names:

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- Have you had a license or registration suspended or revoked? Yes No If yes, explain:
- 9. Have you ever defaulted on a contract? Yes No If yes, explain:
- 10. The Applicant understands that direct supervision and control include any one or a combination of the following activities: supervising, managing construction activities by making technical and/or administrative decisions, checking jobs for proper workmanship, or direct supervision on job site(s). Will you, as the qualifying individual, perform one or more of these duties?
  - Yes No

		Applicant's Work H	istory			
Company:		Fro	m:		То:	
Company:		Fro	m:		То:	
Company:		Fro	From: To:			
		Applicant's Educa	ation			
Trade School or	r Institution:					
From:	То:	Did you graduate?	Yes	No	Degree:	
Trade School o	r Institution:					
From:	То:	Did you graduate?	Yes	No	Degree:	

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Project History (Projects i	n which Comp	any worked as the Contracto	or)
1. Project Street Address: _			
Type of work: (check one)	Residential	Commercial Permit Number:	
Occupancy Classification:	Size:	Type of Construction:	Project Cost:
Describe project in detail:			
2. Project Street Address: _			
Type of work: (check one)		Commercial Permit Number:	
Occupancy Classification:	Size:	Type of Construction:	Project Cost:
Describe project in detail:			
3. Project Street Address: _			
Type of work: (check one)	Residential	Commercial Permit Number:	
Occupancy Classification:	Size:	Type of Construction:	Project Cost:
Describe project in detail:			
4. Project Street Address: _			
Type of work: (check one)	Residential	Commercial Permit Number:	
Occupancy Classification:	Size:	Type of Construction:	Project Cost:
Describe project in detail:			
5. Project Street Address: _			
Type of work: (check one)	Residential	Commercial Permit Number:	
Occupancy Classification:	Size:	Type of Construction:	Project Cost:
Describe project in detail:			
The undersigned, on behalf of contractor's license named he further, the company does I promulgated by the City of Co within El Paso County, and the performed by the company pu	the company, doe rein has the expre- nereby agree to a lorado Springs, El l City of Woodland rsuant to the conti	a principal or an owner of the company) es hereby declare and warrant that t ss authority to bind the company by abide by the ordinances, rules, compass Paso County, and those adopted by t Park, Teller County, in regard to any ractor's license for which this applica o Springs Fire Prevention Code and Sta	this application; and des, and regulations he municipal entities y work which may be ation is made and for

Signature of Representative:	Date:	

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## Pikes Peak Regional Building Department – Reference Request Form

The application for a license is under consideration by the Board of Review on behalf of Pikes Peak Regional Building Department ("PPRBD"). As a reference listed by the Applicant, your response is important in assessing this individual's qualifications for the requested contractor's license. Information should be based on your knowledge of the Applicant's work on a project. References may NOT be provided for a relative or by a PPRBD employee.

Please complete, sign, and return this form to PPRBD at your earliest convenience. You can: return the form to Applicant for submission, mail it, hand deliver, or e-mail to Licensing@pprbd.org. PPRBD may contact any reference to verify information.

#### Applicant's Information

Applicant Name: \_\_\_\_\_\_ License Type Requested: \_\_\_\_\_

Business Name: \_\_\_\_\_

	Ref	erence of App	licant's Experier	ice & Quali	fications	
Project Address:						Apt./Unit #
		Street Address (and P. O. Box, if applicable)				
		City			State	Zip Code
Permit Number:		Type of work: (check one)			Residential	Commercial
If commercial, wh	nat was the "	Use"? (check all	that apply)			
Office	Retail	Church	Restaurant	School	Other:	
What is your relat	ionship to th	e Applicant on	this project?			
What was the App	olicant's posi	tion on this pro	ject?			
What trade or wo	rk did the Ap	plicant perforn	n?			
What is your opin	ion of the Ap	plicant's perfo	rmance on this pr	oject?		

## Comments

Do you recommend granting the requested license to this Applicant and company?	Yes	No	
Comments:			

	Contact Information				
Name:	Phone: (Daytime)				
Address:					
	Street Address (and P. O. Box, if applic	able)	Apt./Unit #		
	City	State	Zip Code		
E-mail:					
Signature:		Date:			
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The application for a license is under consideration by the Board of Review on behalf of Pikes Peak Regional Building Department ("PPRBD"). As a reference listed by the Applicant, your response is important in assessing this individual's qualifications for the requested contractor's license. Information should be based on your knowledge of the Applicant's work on a project. References may NOT be provided for a relative or by a PPRBD employee.

Please complete, sign, and return this form to PPRBD at your earliest convenience. You can: return the form to Applicant for submission, mail it, hand deliver, or e-mail to Licensing@pprbd.org. PPRBD may contact any reference to verify information.

		Appli	cant's Informat	ion			
Applicant Name: _	License Type Requested:						
Business Name:							
			ant's Experienc				
Project Address:							
-		Street Addre	ss (and P. O. Box, if	fapplicable)		Apt./Unit #	
	City				State	Zip Code	
Permit Number:	Type of work: (check one)			one)	Residential	Commercial	
If commercial, wh	at was the "Use	e"? (check all t	hat apply)				
Office	Retail	Church	Restaurant	School	Other:		
What is your relati	onship to the Ap	oplicant on th	is project?				
What was the Appl	icant's position	on this proje	ct?				
What trade or worl	did the Applica	ant perform?					
What is your opinic	n of the Applica	ant's perform	ance on this pro	ject?			
What was the Appl What trade or worl What is your opinic	< did the Applica	ant perform?					

#### Comments

Do you recommend granting the requested license to this Applicant and company?	Yes	No	
Comments:			

	Contact Inform	ation		
Name:		Phone: (Daytime	<u>غ)</u>	
Address:				
	Street Address (and P. O. B	ox, if applicable)		Apt./Unit #
	City		State	Zip Code
E-mail:				
Signature:		Date:		
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Please complete, sign, and return this form to PPRBD at your earliest convenience. You can: return the form to Applicant for submission, mail it, hand deliver, or e-mail to Licensing@pprbd.org. PPRBD may contact any reference to verify information.

Applicant's Information						
Applicant Name: _	License Type Requested:					
Business Name:						
	Ref	erence of App	licant's Experier	nce & Quali	fications	
Project Address:						
		Street Ada	Iress (and P. O. Box,	if applicable)		Apt./Unit #
		С	ity		State	Zip Code
Permit Number:		Ту	pe of work: (check	k one)	Residential	Commercial
If commercial, wh	nat was the	"Use"? (check a	ll that apply)			
Office	Retail	Church	Restaurant	School	Other:	
What is your relation	onship to th	e Applicant on	this project?			
What was the Appl	icant's posit	tion on this pro	ject?			
What trade or worl	k did the Ap	plicant perform	ı?			
What is your opinion of the Applicant's performance on this project? [limit 200 characters]						

Comments

Do you recommend granting the requested license to this Applicant and company?	Yes	No	
Comments:			

	Contact Information		
Name:	I	Phone: (Daytime)	
Address:			
	Street Address (and P. O. Box, if applicable)		Apt./Unit #
	City	State	Zip Code
E-mail:			
Signature:		Date:	
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## **PRIVACY ACT STATEMENT**

### **Privacy Act Statement**

Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act Statement serves to inform you of the following concerning the collection of the information on this form.

## A. AUTHORITY:

Collection of the information solicited on this form is authorized by Title 24 of the Colorado Revised Statutes (C.R.S.), whether or not codified. In general, see C.R.S. §§ 24-5-101, 24-50-1001 *et al.*, 24-72-301, *et al.*, including, but not limited to 24-72-305.4, 24-60-2702. For licensing, certification, or registration functions for any governmental entity, in addition to other authority conferred by law, specifically refer to C.R.S. § 24-72-305.4. For contemplated employment for certain positions with Pikes Peak Regional Building Department where confidential financial and personally identifiable information, as such is regulated by Titles 6 and 24 of C.R.S., may readily be available to a person, the information solicited by the Department is a requirement/condition to employment.

### B. PURPOSE:

The primary purpose for soliciting this information is to determine the eligibility of, and whether there exists a law enforcement or security risk in permitting licensing, certification, or registration, or employment, as applicable.

## C. ROUTINE USES:

The information solicited on this form may be made available as a "routine use" to other government agencies to assist the Department in making determinations about the person's eligibility for licensing, certification, or registration, as applicable, for administration purposes. The information may be made available to the State of Colorado (specific to any licensing, certification, or registration regulated by it) in the event an application is not approved, so that a determination can be made for issuance thereof.

## D. CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION:

Licensing, certification, or registration by the Department may not be issued, or consideration for/an offer of employment with the Department, as applicable, may be terminated by the Department.