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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2880 International Cr., Colorado Springs, CO 80910 ● Telephone 719-327-2887 ● www.licensing@pprbd.org

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 www.pprbd.org/Licensing/Application

* * * *

<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 <u>licensing@pprbd.org</u> 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 |

(RBC201.6; RBC202.6)

| Me | chanical Co | ntractor | License Applic | cation | | |
|---------------------|---|------------------------------------|--|--------------------------|--------------------|------------------|
| MECHANICAL CONTRACT | | OR LICENSE R □ H-C3 □ H-C4 | 🗆 H-E | | Date: Initials: | |
| | | econdary kaminee | Upgrade License ID # | | Receipt # | |
| Bus | iness Informa | tion | | | | |
| Busine | of Entity (Check on ess Name: | e) 🛛 Individ | lual 🛛 Partnership | Corporation | | □ Other |
| (DBAs | (The business name business will opera | te including DBAs. | at will appear on the licen . The business name must mo ted stating which business ı | atch exactly the name on | file with the Co | lorado Secretary |
| Feder | al Employer ID: (if a | ny) | | | | |
| Busine | ess Address: | | | | | Apt./Unit # |
| | - | | City | | tate | Zip Code |
| | ess Phone: | | Business E-Mail: | اد | | |
| Compa | any's Principals or | Owners: | | | | |
| Name: Name: | | | | Title: Title: | | |
| 1. | Number of years of | company has of | perated as a contracto | r (if new, write "new"): | | |
| 2. | Has the company | ever held a lic | ense with PPRBD befor | e? If so, list the ID#: | | |
| 3. | Contractor type o | f work (check or | ne or both, if applicable) | Residential | 🗆 Comm | ercial |
| 4. | | ny entered or u | r entity you have bee Insatisfied judgements I: | | | named in or |
| 5. | for any claims (civ this jurisdiction or | il, criminal, or | ou have been or are asso administrative) for wor ed to the building trad : | k related to any licen | se or registra | |
| 6. | | changed its na If yes, explain: | ame and/or assumed th : | e business and/or as | ssets of anoth | ner company? |

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Mechanical Contractor License Application

- 7. Has the company ever had a license or registration suspended or revoked? O Yes O No If yes, explain:
- 8. Has the company ever defaulted on a construction consultation and/or construction contract? O Yes O No If yes, explain:
- 9. Has the company ever declared bankruptcy? O Yes O 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:

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Date:

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Applicant's Information

| Appli | cant's Name: | | | | | |
|--------|----------------------------|---|---------------------------|---------------------|----------|-----------------|
| | | Last | F1. | rst | M.I. | Suffix |
| Date | of Birth: | | Social Security Num | nber: | | |
| Resid | ence Address: | | | | _ | |
| | | | | | | Apt./Unit # |
| | | Number / Stree | et Only - No P. O. Boxes | or PBM's | | |
| | | Cit | у | State | - | Zip Code |
| Applio | cant's Home Ph | one: | Appli | cant's Cell Phone: | | |
| Applio | cant's Office Pl | none: | Appli | cant's Fax: | | |
| Applio | cant's E-mail A | ddress: | | | | |
| 1. | What is your | area of expertise in the | e construction industry | y and where? | | |
| 2. | How long hav | e you worked in the co | nstruction industry? | | | |
| 3. | What is your | affiliation with the con | npany? (Principal, employ | yee,etc.) | | |
| 4. | work related building trad | en accused of, charged to any license or reg es in any jurisdiction? No If yes, explain: | | | | |
| 5. | claims? | en named in or respor No If yes, explain: | nsible for any entere | d or unsatisfied ju | udgments | , liens, and/or |
| 6. | | lared bankruptcy? No If yes, explain: | | | | |
| 7. | | d ownership interest(consulting work within | | | | |
| 8. | | l a license or registratio No If yes, explain: | on suspended or revok | ed? | | |
| 9. | | r defaulted on a contra No If yes, explain: | nct? | | | |

Applicant's Information

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?

| \cap | Yes | \cap | No |
|--------------|-----|---------|-----|
| \mathbf{O} | 162 | $ \cup$ | UVI |

Applicant's Work History

| Company: | | From: | То: | |
|-----------------|--------------|------------------------------|---------|--|
| Company: | | From: | То: | |
| Company: _ | | From: | То: | |
| | | Applicant's Education | | |
| Trade School or | Institution: | | | |
| From: | То: | Did you graduate? 🔿 Yes 🔿 No | Degree: | |
| Trade School or | Institution: | | | |
| From: | То: | Did you graduate? 🔿 Yes 🔿 No | Degree: | |

| Pro | Project History (Projects performed or supervised by the Applicant) | | | | | | | |
|-----|---|----------------------|-------------------------|----------------|---------------|--|--|--|
| 1. | Project Street Address: | | | | | | | |
| Тур | e of work: (check one) | 🗆 Residential | Commercial | Permit Number: | | | | |
| 0cc | upancy Classification: | Size: | Type of Construct | ion: | Project Cost: | | | |
| Des | cribe project in detail: | | | | | | | |
| Арр | licant's position: (for example: | trainee, apprentice, | , project manager, or s | upervisor) | | | | |
| 2. | Project Street Address: | | | | | | | |
| Тур | e of work: (check one) | 🗆 Residential | Commercial | Permit Number: | | | | |
| 0cc | upancy Classification: | Size: | Type of Construct | ion: | Project Cost: | | | |
| Des | cribe project in detail: | | | | | | | |
| Арр | licant's position: (for example: | trainee, apprentice, | , project manager, or s | upervisor) | | | | |
| 3. | Project Street Address: | | | | | | | |
| Тур | e of work: (check one) | 🗆 Residential | □ Commercial | Permit Number: | | | | |
| 0cc | upancy Classification: | Size: | Type of Construct | ion: | Project Cost: | | | |
| Des | cribe project in detail: | | | | | | | |
| Арр | licant's position: (for example: | trainee, apprentice, | , project manager, or s | upervisor) | | | | |
| 4. | Project Street Address: | | | | | | | |
| Тур | e of work: <i>(check one)</i> | 🗆 Residential | Commercial | Permit Number: | | | | |
| 0cc | upancy Classification: | Size: | Type of Construct | ion: | Project Cost: | | | |
| Des | cribe project in detail: | | | | | | | |
| Арр | licant's position: (for example: | trainee, apprentice, | , project manager, or s | upervisor) | | | | |
| 5. | Project Street Address: | | | | | | | |
| Тур | e of work: (check one) | 🗆 Residential | □ Commercial | Permit Number: | | | | |
| 0cc | upancy Classification: | Size: | Type of Construct | ion: | Project Cost: | | | |
| Des | cribe project in detail: | | | | | | | |
| | It is a state of the second | , . ,. | • • | • 、 | | | | |

Applicant's position: (for example: trainee, apprentice, project manager, or supervisor)

CERTIFICATION (The following declaration is to be signed by the Applicant)

PPRBD requires all persons seeking a license to undergo a name-based judicial record check. I hereby authorize PPRBD to perform a name-based judicial record check utilizing information provided in this application. I agree and understand PPRBD may deny me a license after such review in accordance with the Regional Building Code and applicable statutory requirements. If any information provided in this application is untrue, the license granted to me may be automatically revoked by PPRBD in accordance with the Regional Building Code and applicable statutory requirements thereto. (See attached Privacy Act Statement)

| Applicant's Printed Name: | |
|---------------------------|-----------|
| Applicant's Signature: | 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 <u>Licensing@pprbd.org</u>. PPRBD may contact any reference to verify information.

Applicant's Information

Applicant Name: ______ License Type Requested: _____

Business Name:

Reference of Applicant's Experience & Qualifications

| Project Address: | | | | |
|----------------------|-------------------------|-------------------------------------|----------------|--------------|
| - | Apt./Unit # | | | |
| - | | City | State | Zip Code |
| Permit Number: | | Type of work: (check one) | Residential | □ Commercial |
| If commercial, what | t was the "Use"? (cheo | k all that apply) | | |
| □ Office □ | Retail 🛛 Church | 🗆 Restaurant 🛛 Scho | ool 🗆 Other: | |
| What is your relatio | nship to the Applicant | on this project? | | |
| What was the Applie | cant's position on this | project? | | |
| What trade or work | did the Applicant per | form? | | |
| What is your opinion | n of the Applicant's pe | erformance on this project? | | |
| | | | | |
| | | | | |
| | | Comments | | |
| Do you recommend | granting the requeste | d license to this Applicant a | ind company? (|) Yes 🛛 No |
| Comments: | | | | |
| | | | | |
| | | | | |
| | | Contact Information | | |
| Name: | | Pho | ne: (Daytime) | |
| Address: | | | | |
| | Street Addı | ress (and P. O. Box, if applicable) | | Apt./Unit # |
| E-mail: | Ci | ty | State | Zip Code |
| Signature: | | | Date: | |
| | | | ναις. | |
| | | | | |

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Pikes Peak Regional Building Department – Reference Request Form

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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:

Reference of Applicant's Experience & Qualifications

| Project Address | 5: | | | | | | |
|-----------------|-----------------|---|-----------------------|-------------|---------------|----|-------------|
| | | Street Address (and P. O. Box, if applicable) | | | | | |
| | | | City | | State | | Zip Code |
| Permit Number | • | 7 | Type of work: (che | eck one) | □ Residential | | Commercial |
| If commercial, | what was the | "Use"? (check | all that apply) | | | | |
| □ Office | 🗆 Retail | Church | 🗆 Restaurant | 🗆 School | □ Other: | | |
| What is your re | lationship to | the Applicant o | on this project? _ | | | | |
| What was the A | pplicant's po | sition on this p | oroject? | | | | |
| What trade or w | work did the A | Applicant perfo | orm? | | | | |
| What is your op | oinion of the A | pplicant's per | formance on this | project? | | | |
| | | | | | | | |
| | | | Comments | ; | | | |
| Do you recomm | end granting | the requested | license to this Ap | plicant and | company? | ΟY | es 🔿 No |
| Comments: | | | | | | _ | - |
| | | | | | | | |
| | | | | | | | |
| | | | Contact Inform | ation | | | |
| Name: | | | | Phone | : (Daytime) | | |
| Address: | | | | | | | |
| | | Street Addre | ss (and P. O. Box, if | applicable) | | | Apt./Unit # |
| | | Cit | / | | State | | Zip Code |
| E-mail: | | | | | | | |
| Signature: | | | | D | ate: | | |
| | | | | | | | |

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:

Reference of Applicant's Experience & Qualifications

| Project Address | : | | | | | | | |
|------------------|--------------------|---|------------------------|--------------|-------|-------------|------|-------------|
| | | Street Address (and P. O. Box, if applicable) | | | | | | Apt./Unit # |
| | | | City | | | State | | Zip Code |
| Permit Number: | | | Type of work: (ch | eck one) | | Residential | | Commercial |
| If commercial, v | what was the "Us | e"? (check | k all that apply) | | | | | |
| □ Office | 🗆 Retail 🛛 🗆 | Church | 🗆 Restaurant | 🗆 🗆 Schoo | l | Other: | | |
| What is your rel | ationship to the | Applicant | on this project? | | | | | |
| What was the Ap | oplicant's positic | n on this p | project? | | | | | |
| What trade or w | ork did the Appl | icant perf | orm? | | | | | |
| What is your opi | nion of the Appl | icant's pei | rformance on this | s project? | | | | |
| | | | | | | | | |
| | | | Comment | S | | | | |
| Do you recomme | end granting the | requested | l license to this A | pplicant and | d cor | npany? | O Ye | es 🔿 No |
| Comments: | | | | | | | • | - |
| | | | | | | | | |
| | | | | | | | | |
| | | | Contact Inform | nation | | | | |
| Name: | | | | Phon | e: (D | aytime) | | |
| Address: | | | | | | | | |
| | | Street Addre | ess (and P. O. Box, if | applicable) | | | | Apt./Unit # |
| | | Cit | ty | | | State | | Zip Code |
| E-mail: | | | | | | | | |
| Signature: | | | | ſ | Date | : | | |
| | | | | | | | | |



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.