

# PIKES PEAK REGIONAL BUILDING DEPARTMENT

## Electrical Contractor Registration

Receipt #

### REGISTRATION REQUIREMENTS *(Include copies with this form)*

- Master Electrician License     Liability Insurance Certificate     State of Colorado Electrical License  
 Workers' Compensation Certificate OR Letter to Exempt     \$100 Administration Fee Payment  
 Copy of Driver's License or Photo ID Card issued by a state or federal government

Insurance Certificates must: have Pikes Peak Regional Building Department listed as the Certificate Holder, have a policy number listed, meet minimum coverage requirements, and have a cancellation notification clause.

### COMPANY INFORMATION

Type of company (*Circle One*)                      Individual                      Partnership                      Corporation                      LLC

NAME OF COMPANY \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Phone (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_

### COMPANY'S PRINCIPAL OFFICERS, PARTNERS OR OWNERS

Legal Name \_\_\_\_\_ Title \_\_\_\_\_

Legal Name \_\_\_\_\_ Title \_\_\_\_\_

### LICENSEE INFORMATION

FULL LEGAL NAME \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_ Phone (    ) \_\_\_\_\_

SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_

MASTER ELECTRICAL LICENSE # \_\_\_\_\_ Expires \_\_\_\_\_

COLORADO ELECTRICAL CONTRACTOR LICENSE # \_\_\_\_\_ Expires \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ *If yes, provide details.* \_\_\_\_\_

### CERTIFICATION

Pikes Peak Regional Building Department requires all persons seeking a registration to undergo a CRIMINAL BACKGROUND CHECK. By filing this application with Pikes Peak Regional Building Department you understand and agree that Pikes Peak Regional Building Department will undertake a CRIMINAL BACKGROUND CHECK. Some of the information I am providing in this application will be used to check my CRIMINAL BACKGROUND. I understand that Pikes Peak Regional Building Department may deny me a registration after reviewing my CRIMINAL BACKGROUND. I hereby authorize Pikes Peak Regional Building Department to perform a CRIMINAL BACKGROUND check.

I further agree and understand that if any information provided by me on this application is untrue, that any registration granted to me by Pikes Peak Regional Building Department is automatically revoked. I may appeal the revocation to the Board of Review ("Board") by filing a notice of appeal with the Board within thirty (30) days of the date of the notice sent to me by Pikes Peak Regional Building Department. If the appeal is not received by Pikes Peak Regional Building Department within the thirty (30) days, my right to appeal is forever waived.

Signature of Licensee \_\_\_\_\_ Date \_\_\_\_\_

