

## Mechanical Contractor License Application

*This information pertains to applications for Mechanical Contractors A, B, C, D, and E Licenses. Review the type of work to be performed with the license descriptions below or consult the Pikes Peak Regional Building Code. If necessary, schedule an interview to discuss your licensing needs with the field inspection supervisor. Contractors must be licensed before soliciting, contracting or performing work that requires a permit.*

### **Mechanical Contractor A (Commercial)**

Installation, replacement, service and repair gas piping, heating, ventilating and air conditioning systems in any type or size structure.

### **Mechanical Contractor B (Residential)**

Installation, replacement, service and repair gas piping, heating, ventilating and air conditioning systems in one and two family dwellings and accessory structures of three stories or less in height.

### **Mechanical Contractor C (Specialty)**

- C-1 Gas Piping.** Installation, replacement, service and repair of gas piping systems, and installation, replacement, service and repair of gas appliance not connected to duct systems.
- C-2 Commercial Refrigeration.** Installation, replacement, service and repair of commercial refrigeration systems.
- C-3 Residential Maintenance, Repair, and Replacement.** Replacement, service and repair of heating, ventilating and air conditioning systems in existing one and two single family dwellings of three stories or less in height.
- C-4 Residential Remodeling.** Installation, replacement, service and repair of ductwork serving the heating, ventilating and air conditioning systems in existing one and two family dwellings and accessory structures of three stories or less in height.

### **Mechanical Contractor D (Manufactured Buildings)**

Refer to the Mechanical Contractor D License Registration packet.

### **Mechanical Contractor E (Elevators/Escalators)**

Construction, alteration and repair any device or equipment under the Pikes Peak Regional Building Code.

### **Heating Mechanic I & IV**

Refer to the Heating Mechanic I & IV License Application packet.

# Mechanical Contractor License Application

## LICENSE APPLICATION

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

### Mechanical Contractor A, B, C, and E License Applications

Application form  
\$50 Fee  
Exam (Score of 75 percent or higher is required)  
Reference Letters (3)  
Affidavit  
Criminal Background Check performed by RBD

### Application

Submit the application at least two weeks prior to the test date you have chosen. Write the exam date on the application. Tests are given each Tuesday morning (except holidays) at Regional Building Department (RBD).

### Fee

Payment of a \$50 fee is due when the application is submitted. The non-refundable fee is payable by cash, Visa, Mastercard or check.

### Exam

Arrive promptly at 7:45 a.m. Bring #2 pencils, a pocket calculator (optional), and the code books applicable to the exam. Do not bring other materials. The Pikes Peak Regional Building Code can be printed from our web site [www.pprbd.org](http://www.pprbd.org) or purchased as well as other code books at RBD.

### Duration of exams & codes tested by contractor license

<b>A (Commercial)</b>	4 hours	IMC, IFGC, IECC, RBC	<b>C-1 (Gas Piping)</b>	2 hours	IFGC, RBC, IMC
<b>B (Residential)</b>	3 hours	IMC, IFGC, IECC, RBC	<b>C-2 (Specialty)</b>	2 hours	IMC, IECC, RBC
<b>E (Elevators/Escalators)</b>	(No exam)		<b>C-3 (Specialty)</b>	2 hours	IMC, IFGC, RBC
			<b>C-4 (Specialty)</b>	1.5 hours	IMC, IECC, RBC

**IMC** (2003 International Mechanical Code)    **RBC** (2005 Pikes Peak Regional Building Code)  
**IFGC** (2003 International Fuel Gas Code)    **IECC** (2003 International Energy Conservation Code)

### Retesting

If your score is below the 75 percent, call the Contractor Licensing office at (719)327-2887 within 30 days to keep your application on file for retesting. To retest, pay an additional \$35 fee and select a testing date that is 30 days after the first exam. If the second score is also below 75 percent, a 6-month waiting period is required before retesting.

### References for Mechanical Contractor A, B, C, and E License Applicants

Three (3) references are required, (see attached forms). The reference cannot be provided by a relative. The individuals providing the references send the forms to Regional Building Department by hand delivery, mail, fax to (719) 327-2951 or e-mail to [licensing@pprbd.org](mailto:licensing@pprbd.org). The applicant may call the Contractor Licensing Office at (719) 327-2887 to verify the references have been received.

### Mechanical Committee

The Mechanical Committee reviews license requests and makes recommendations for approval, conditions or denials to the Board of Review. The "License Application" list (top of page) must be complete before the license request is placed on the meeting agenda. The deadline is two weeks before the committee meeting on the second Wednesday of each month.

### Board of Review

License requests must be approved by the Board of Review, which meets the third Wednesday of each month.

# Mechanical Contractor License Application

## LICENSE ISSUANCE

Within 60 days of the Board of Review's approval, the examinee must come to RBD to obtain the license. (After 60 days, an unclaimed license is voided and the entire application file is discarded.) Work cannot be solicited, contracted or performed until the license is issued to you. *The following is required to obtain your license:*

**Liability Insurance Certificate**  
**Workers' Compensation Certificate** or **"Letter to Exempt"** if examinee has no employees.  
**License fee payment**

### **Liability Insurance Requirements**

*Insurance Certificates must include:*

**"Insured"** The name of the insured matches exactly the name of the company on your application/license.

**"Certificate Holder"** must be stated as: **Pikes Peak Regional Building Department**  
2880 International Circle, Colorado Springs, CO 80910

**Policy Number** must be on the certificate. A certificate that indicates the policy is pending or temporary will result in a 30-day binder. The policy number must be provided within 30 days to maintain an active license.

**10-day Cancellation Notification Clause**

**Coverage** Meets or exceeds minimum general liability coverage (stated below by license type ).  
Certificate must include coverage of premises, operations, products and completed operations.

#### **General Liability Policy**

<b>Bodily injury</b>	<b>Property damage</b>	<b>Combined Single Limit</b>
\$50,000/\$100,000	\$100,000	\$300,000

### **Workers' Compensation**

A current certificate of Workers' Compensation in compliance with the state of Colorado statutes is required.

A license examinee who has no other employees may exempt from Workers' Compensation, but the examinee must sign the "Letter to Exempt" form. Request this form from the Contractors Licensing Office at Regional Building Department. (License renewal requires the examinee to update this status by checking off the appropriate box on the renewal form.)

### **License Fee**

License fees are paid before license issuance and future renewals. Fees are not prorated for any portion of the year.

## LICENSE EXPIRATION & RENEWAL

Licenses are valid for 12 months from the date of issuance, and expire on the last day of the month in which the license was issued. (Exception: Licenses purchased for a period of 36 months expire on the last day of the month in which the license was issued at the end of the period.) The date of issuance does not change regardless of a late renewal or other factors.

**No permits can be obtained or work continued under open permits after the date that the license expires. (Inspections can be requested.)**

### **Standard Renewal**

Renewal forms are mailed annually to active license holders. Forms are also available at Regional Building Department and on the web site [www.pprbd.org](http://www.pprbd.org) Licenses are to be renewed within 45 days after the expiration date. In addition to the Renewal form, pay the license fee and provide copies of your current Liability Insurance Certificate and Workers' Compensation Certificate or check the "Letter to Exempt" box on the form if you qualify and have a letter on file.

Licenses revoked or suspended by the Board of Review are not eligible for standard renewal. In addition, license renewals are subject to satisfactory closure of A status permits, (please refer to A Status Permit Policy handout at Regional Building Department and on the web site). (Continued on next page)

# Mechanical Contractor License Application

## Renewal with Penalties

**After 45 days** and before 90 days have lapsed from the license expiration date, the examinee can renew the license by paying the annual license fee plus a penalty of 50 percent of the license fee.

**After 90 days** from the license expiration date, requests for renewals are subject to reapplication, possible retesting, and evaluation by the Building Committee and decision of the Board of Review.

## LICENSE EXAMINEE & COMPANY INFORMATION CHANGES

### Address and Phone Number

The license holder is responsible for providing changes in address and phone numbers to Regional Building Department. Mail or call in changes to the Contractor Licensing Office at (719) 327-2887.

### Company changes Name

- A-status permits under the existing contractor ID have been satisfactorily completed.
- New application, stating current/new officers, addresses, etc.
- Letter requesting the name change, stating the former company name, the new company name and effective date. The letter is to be on the new company letterhead and signed by the Licensee.
- Insurance Certificates state the “insured” in the new company name.
- Payment of \$25 processing fee.
- A new contractor ID will be issued. Transfer all open permits under the existing contractor ID number to the new contractor ID number.

### Company changes Licensee

- Examinee applies for the appropriate license through the standard licensing application process. If the examinee has a valid and current license, the application process will neither require retesting nor reference letters.
- Letter on the company letterhead, stating the change in Licensee, including the name of the current Licensee, the name of the new Licensee, and the effective date. Letter is from company representative.
- The company is granted a 30-day grace period during which time the company principal may complete permits under which work is in progress, and if the current Licensee vacates before the new Licensee is in place.
- Action requires approval by the Board of Review.
- Payment of \$25 processing fee is due after Board of Review’s approval.

### Licensee changes Company

- Letter stating removal as examinee from the current company, and the effective date of this action.
- Insurance Certificates state the “insured” in the new company name.

# PIKES PEAK REGIONAL BUILDING DEPARTMENT

## Mechanical A, B, C or E License Application

Office Use Only  
FD  
Test

*It is requested that the Board of Review consider this application for the stated license in compliance with the Pikes Peak Regional Building Code.*

### MECHANICAL CONTRACTOR LICENSE REQUESTED (check one)

EXAM DATE \_\_\_\_\_

A (Commercial)     B (Residential)     C-\_\_\_ (Specialty)     E (Elevators/Escalators)

### COMPANY INFORMATION

Type of company (check one)     Individual     Partnership     Corporation

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

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

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

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

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

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

APPLICANT'S AFFILIATION WITH THE COMPANY (owner, partner, employee, etc.) \_\_\_\_\_

Number of years company has operated as a contractor (if new, write "new") \_\_\_\_\_

Contractor type of work (check one or both, if applicable)     Residential     Commercial

Company's specialty area of construction \_\_\_\_\_

### PROJECTS FOR WHICH THIS COMPANY WAS CONTRACTOR (current/former projects)

Project name & address (both are required)    Residential or Commercial    Project Cost

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

### LICENSES HELD BY THIS COMPANY (Attach copies of licenses)

Jurisdiction — License type and number    Jurisdiction — License type and number

\_\_\_\_\_

\_\_\_\_\_

### CERTIFICATION (The following declaration is to be signed by the principal officer of the company)

The undersigned, on behalf of the partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the city of Colorado Springs, county of El Paso, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.

Organization Name (print) \_\_\_\_\_

Representative's Name and Title (print) \_\_\_\_\_

Signature of Representative \_\_\_\_\_

**LICENSE APPLICANT INFORMATION**

(A reminder to fill in **Exam Date** in top right corner, page 1)

**NAME** (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

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

How long have you worked in El Paso County? \_\_\_\_\_

What is your area of expertise? \_\_\_\_\_

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

**WORK HISTORY**

Dates	Company	Address	Position
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**LICENSES HELD BY APPLICANT**

(Include those held in other cities, states)

License type — Jurisdiction

License type — Jurisdiction

_____	_____
_____	_____
_____	_____

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

Pikes Peak Regional Building Department requires all persons seeking a license 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 license 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 license 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 Examinee \_\_\_\_\_ Date \_\_\_\_\_

# PIKES PEAK REGIONAL BUILDING DEPARTMENT

## Reference Request

To:

\_\_\_\_\_

*Reference Name*

\_\_\_\_\_

*Address*

\_\_\_\_\_

From:

\_\_\_\_\_

*Applicant (Examinee) Name*

\_\_\_\_\_

*Company*

\_\_\_\_\_

*License Type*

The application for license (as stated above) is under consideration by the Board of Review on behalf of the city of Colorado Springs, county of El Paso, and participating municipalities in the jurisdiction served by Pikes Peak Regional Building Department.

As a reference listed by the applicant, your response is important in assessing this individual's qualifications for the requested contractor license. For your convenience, questions are listed on the back of this form. Information should be based on your knowledge of the examinee's work on a project, and include project type and scope, and the work position held by the applicant.

Please complete and sign this form and return to Pikes Peak Regional Building Department at your earliest convenience. Please remember to return both pages of this reference form by mail, hand delivery, fax to **(719)327-2951**, or e-mail to **licensing@pprbd.org**

If you have any questions, please contact the Contractor Licensing Office at (719) 327-2887.

Your assistance and opinions are valued, and will remain strictly confidential.

## Reference of applicant's experience & qualifications

*Additional information may be attached to this form.*

### PROJECT

Name \_\_\_\_\_

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

Cost \_\_\_\_\_ Size \_\_\_\_\_ Type:  Commercial  Residential

If commercial, what was the "use" (check all that apply)

Office  Retail  Church  School  Eating establishment

Other \_\_\_\_\_

Your relationship to the applicant on this project was \_\_\_\_\_

The applicant's position on this project was \_\_\_\_\_

If subcontractor, what trade or work was performed? \_\_\_\_\_

Your opinion of the applicant's performance on this project is \_\_\_\_\_

### APPLICANT'S CHARACTER

*Please circle the appropriate number that reflects your assessment of the applicant.*

	Poor		Average		Excellent	
Financial responsibility	1	2	3	4	5	Unknown
Ethics	1	2	3	4	5	Unknown
Administrative capabilities	1	2	3	4	5	Unknown

### RECOMMENDATION

Do you recommend granting the requested license to this applicant and company? Yes No

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### CONTACT INFORMATION (please print)

Name \_\_\_\_\_

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

Phone (day time) ( ) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## Reference Request

To:

\_\_\_\_\_

*Reference Name*

\_\_\_\_\_

*Address*

\_\_\_\_\_

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Other \_\_\_\_\_

Your relationship to the applicant on this project was \_\_\_\_\_

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If subcontractor, what trade or work was performed? \_\_\_\_\_

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Do you recommend granting the requested license to this applicant and company? Yes No

Comments: \_\_\_\_\_

\_\_\_\_\_

### CONTACT INFORMATION (please print)

Name \_\_\_\_\_

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

Phone (day time) ( ) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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*Reference Name*

\_\_\_\_\_

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*Applicant (Examinee) Name*

\_\_\_\_\_

*Company*

\_\_\_\_\_

*License Type*

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Comments: \_\_\_\_\_

### CONTACT INFORMATION *(please print)*

Name \_\_\_\_\_

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

Phone (day time) ( ) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

