

# PIKES PEAK REGIONAL BUILDING DEPARTMENT

## Mechanical Contractor License Application

*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 E (Elevators/Escalators)

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

#### LICENSE APPLICATION

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

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Application form</b>  | <input type="checkbox"/> <b>Criminal Background check performed by RBD</b> |
| <input type="checkbox"/> <b>\$50 Fee</b>  | <input type="checkbox"/> <b>Three Reference Letters</b>                    |
| <input type="checkbox"/> <b>Exam (score of 75 percent or higher)</b>  | <input type="checkbox"/> <b>Affidavit (If Sole Proprietor)</b>             |
| <input type="checkbox"/> <b>Copy of Driver's license or Photo ID card issued by a state or federal government</b> |  |

**Application** - Submit the application at least two days prior to the test date you have chosen. Write the exam date on the application. Tests are given twice daily (except holidays) at 8:00 a.m. and noon 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** - Bring Code books applicable to the exam. 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. Please call (719) 327-2887 for pricing and availability.

**License Fees**- License fees are paid before license issuance and future renewals. Fees are not prorated for any portion of the year. Mechanical A, B, C, D, and E License fees are \$100 annually.

# Mechanical Contractor License Application

## Duration of exams & codes tested by contractor license

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

**IMC** (2003 International Mechanical Code)

**IFGC** (2003 International Fuel Gas Code)

**RBC** (2005 Pikes Peak Regional Building Code)

**IECC** (2003 International Energy Conservation Code)

**Retesting** - If your score is below 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 at least 30 days after the first exam. If you fail a second time, a 6-month waiting period is required before retesting.

**References** - Three (3) references are required, (see attached forms). The reference cannot be provided by a relative. References should document the experience listed by license type. Examples of preferred references include an architect or engineer who worked on the site of the applicant's project; a building owner for whom the applicant worked; and a general contractor for whom the applicant served as a job site supervisor. The examinee is responsible for providing the attached reference forms to three individuals. The individuals providing the references are responsible for sending the forms to Regional Building Department. The applicant may call the

**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.

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

**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.** Must meet or exceed \$100,000 general liability coverage. Certificate must include coverage of premises, operations, products and completed operations.

**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 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. 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.)**

# PIKES PEAK REGIONAL BUILDING DEPARTMENT

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

Receipt #

*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 \_\_\_\_\_

8am 12pm

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

### COMPANY INFORMATION

Type of company (check one)  Individual  Partnership  Corporation  LLC

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**

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

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

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

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. References may NOT be provided for a relative.

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 Name*

\_\_\_\_\_

*Address*

\_\_\_\_\_

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

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

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

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\_\_\_\_\_

*Company*

\_\_\_\_\_

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Name \_\_\_\_\_

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

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

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

