

PIKES PEAK REGIONAL BUILDING DEPARTMENT

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. 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"/> Application form | <input type="checkbox"/> Criminal Background check performed by RBD |
| <input type="checkbox"/> \$50 Fee | <input type="checkbox"/> Three Reference Letters |
| <input type="checkbox"/> Exam (score of 75 percent or higher) | <input type="checkbox"/> Affidavit (If Sole Proprietor) |

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 or purchased as well as other code books at RBD.

Duration of exams & codes tested by contractor license

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

Mechanical Contractor License Application

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. 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. 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.

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 Fees are not prorated for any portion of the year.

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.)**

Mechanical Contractor License Application

LICENSE EXAMINEE & COMPANY INFORMATION CHANGES

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

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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