

## Mechanical Contractor License Application

Contractors must be licensed by PPRBD prior to 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-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.

### Mechanical Contractor C-2 (Commercial Refrigeration)

Installation, replacement, service and repair of commercial refrigeration systems.

### Mechanical Contractor E (Elevators/Escalators)

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

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

- Application form - Pages 3-8 must be filled out completely or it will not be accepted.  
*\*Attaching the examinee's resume is recommended to show additional experience.*
- Enclose the non-refundable \$50 application/processing fee with your completed application.  
*The fee is payable by cash, Discover, Visa, MasterCard, or check.*
- Copy of Driver's license or Photo ID card issued by a state or federal government
- Approved ICC National Standardized Contractor Exam
- Pikes Peak Regional Building Reference Request Forms for applicant (3)
- Must attach all license's held by the company and examinee
- Liability Insurance Certificate
- Workers' Compensation Certificate or Rejection of Coverage from the State of Colorado  
[www.colorado.gov](http://www.colorado.gov)
- Certificate of Good Standing from the State of Colorado [www.sos.state.co.us](http://www.sos.state.co.us)
- Criminal Background Check performed by PPRBD

Exam

We accept ICC National Standardized or ICC Colorado Standard exams taken in 2003 or later. See ICC Testing for more information.

|      |                  |       |               |
|------|------------------|-------|---------------|
| H-A* | Exam Required    | H-B * | Exam Required |
| H-C1 | Exam Required    | H-C2  | Exam Required |
| H-E  | No Exam Required |       |               |

References

Three (3) references are required (see attached forms 6-8). The reference cannot be provided by a relative, spouse, or a PPRBD employee. References should document the experience listed for the license type you are applying for. Examples include an architect or engineer who worked on the site of the applicant’s project; a building owner for whom the applicant worked; or a general contractor for whom the applicant worked for. The examinee is responsible for providing the attached reference forms to three individuals. The individuals providing the references may return them to the applicant or Pikes Peak Regional Building Department. You may call the Contractor Licensing Office at (719) 327-2887 to verify that references have been received.

License Review

The Licensing Committee reviews license requests and makes recommendations for approval, conditions, or denials to the Board of Review. All required documents, exam, and application fee must be complete before the license request is placed on the meeting agenda. The deadline to have the completed application and all required documents turned in is three weeks prior to the Licensing Committee, which occurs on the second Wednesday of each month. License recommendations are offered by the Licensing Committee and must be approved by the Board of Review that meets the third Wednesday of each month.

License Issuance

Within 180 days of the Board of Review’s approval, the examinee must obtain the license. After 180 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.

License Fees

License fees are paid before license issuance. Fees are not prorated for any portion of the year. Mechanical A, B, C-1(Gas Piping), C-2(Commercial Refrigeration), and E License fees are \$100 annually.

Mechanical Contractor License Application

RBD USE ONLY
Date
Initial
Receipt #
RBD #

MECHANICAL CONTRACTOR LICENSE REQUESTED (Check one)

- H-A\* H-B\* C-1 C-2 E

Business Information

Type of Entity (Check one) Individual Partnership Corporation LLC

Business Name: (The business name is the name that will appear on the license and is the actual name under which the contracting business will operate.)

Federal Employer Identification Number:

Business Address: Street Address Apartment/Unit # City State ZIP Code

Business Phone: Business Email:

Business Fax: Business Website:

Company's Principal Officers, Partners, or Owners

Name: Title:

Name: Title:

- 1. Number of years Company has operated as a contractor? (If new, write "new")
2. What is the Company's specialty area of construction?
3. Contractor type of work (Check one or both, if applicable) Residential Commercial
4. Has the company ever been named in or responsible for any entered and unsatisfied judgments, liens, and/or claims against them in which the company was the contractor? Yes No If yes, Explain
5. Has the company been a defendant in a collection action court case? Yes No If yes, Explain
6. Has the company ever declared bankruptcy? Yes No If yes, Explain
7. Has the company ever had a license suspended or revoked? Yes No If yes, Explain
8. Has the company ever defaulted on a contract? Yes No If yes, Explain

CERTIFICATION (The following declaration is to be signed by the principal officer of the company) The undersigned, on behalf of the company, 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, El Paso County, 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.

Signature of Representative: Date:

## Applicant's Information

Applicant's Full Legal Name: \_\_\_\_\_  
Last First M.I.

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
Street Address Only - NO P.O. Boxes or PMB's Apartment/Unit #  
\_\_\_\_\_  
City State ZIP Code

Applicant's Phone Number: \_\_\_\_\_ Applicant's Email Address: \_\_\_\_\_

1. What is your area of expertise in the construction industry? \_\_\_\_\_
2. How long have you worked in the construction industry? \_\_\_\_\_
3. What is your affiliation with the company? (*Owner, partner, employee, etc.*) \_\_\_\_\_
4. Have you ever been convicted of a misdemeanor or felony?  Yes  No If yes, Explain \_\_\_\_\_
5. Type of work you have performed (*Check one or both, if applicable*)  Residential  Commercial
6. Have you ever been named in or responsible for any entered and unsatisfied judgments, liens, and/or claims against them in which the company was the contractor?  Yes  No If yes, Explain \_\_\_\_\_
7. Have you ever declared bankruptcy?  Yes  No If yes, Explain \_\_\_\_\_
8. Have you had a license suspended or revoked?  Yes  No If yes, Explain \_\_\_\_\_
9. Have you ever defaulted on a contract?  Yes  No If yes, Explain \_\_\_\_\_
10. The examinee understands that direct supervision and control includes any one or a combination of the following activities: supervising, managing construction activities by making technical and administrative decisions, checking jobs for proper workmanship, or direct supervision on job sites. Will you, as the qualifying individual, perform one or more of these duties?  Yes  No

## Work History

Company: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Company: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Company: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

## Education

Trade School or Institution: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  Yes  No Degree: \_\_\_\_\_

Trade School or Institution: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  Yes  No Degree: \_\_\_\_\_

## Applicant's Project History

1. Project Street Address: \_\_\_\_\_

Project Cost \_\_\_\_\_ Type of work (Check one)  Residential  Commercial

Your position (For example: trainee, apprentice, project manager, supervisor) \_\_\_\_\_

Type of Project (For example: boiler, furnace, water heater, venting) \_\_\_\_\_

2. Project Street Address: \_\_\_\_\_

Project Cost \_\_\_\_\_ Type of work (Check one)  Residential  Commercial

Your position (For example: trainee, apprentice, project manager, supervisor) \_\_\_\_\_

Type of Project (For example: boiler, furnace, water heater, venting) \_\_\_\_\_

3. Project Street Address: \_\_\_\_\_

Project Cost \_\_\_\_\_ Type of work (Check one)  Residential  Commercial

Your position (For example: trainee, apprentice, project manager, supervisor) \_\_\_\_\_

Type of Project (For example: boiler, furnace, water heater, venting) \_\_\_\_\_

4. Project Street Address: \_\_\_\_\_

Project Cost \_\_\_\_\_ Type of work (Check one)  Residential  Commercial

Your position (For example: trainee, apprentice, project manager, supervisor) \_\_\_\_\_

Type of Project (For example: boiler, furnace, water heater, venting) \_\_\_\_\_

5. Project Street Address: \_\_\_\_\_

Project Cost \_\_\_\_\_ Type of work (Check one)  Residential  Commercial

Your position (For example: trainee, apprentice, project manager, supervisor) \_\_\_\_\_

Type of Project (For example: boiler, furnace, water heater, venting) \_\_\_\_\_

**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**. I hereby authorize Pikes Peak Regional Building Department to perform a **Criminal Background Check** utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my **Criminal Background Check**. If any information provided on this application is untrue, license granted to me is automatically revoked.

Examinee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Pikes Peak Regional Building Department Reference Request Form

The application for license is under consideration by the Board of Review on behalf of the City of Colorado Springs, El Paso County, 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 and will remain strictly confidential. Information should be based on your knowledge of the applicant'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 or by a PPRBD employee.

Please complete and sign this form and return to Pikes Peak Regional Building Department at your earliest convenience. You can return by mail, hand delivery, fax to (719)327-2951, or e-mail [Licensing@pprbd.org](mailto:Licensing@pprbd.org).

### Applicant Information

Applicant's Name: \_\_\_\_\_ License Type: \_\_\_\_\_

Business Name: \_\_\_\_\_

### Reference of Applicant's Experience & Qualifications

Project Address: \_\_\_\_\_  
Street Address Suite#

City

State

Zip

Permit Number: \_\_\_\_\_ Type of work (Check one)  Residential  Commercial

If commercial, what was the "Use" (Check all that apply)

Office  Retail  Church  Restaurant  School  Other \_\_\_\_\_

What is your relationship to the applicant on this project? \_\_\_\_\_

What was the applicant's position on this project? \_\_\_\_\_

What trade or work was performed? \_\_\_\_\_

What is your opinion of the applicant's performance on this project? \_\_\_\_\_

### Applicant's Character

Please check the appropriate number that reflects your assessment of the applicant.

|                             | Poor | Average | Excellent | Unknown |
|-----------------------------|------|---------|-----------|---------|
| Financial Responsibility    |      |         |           |         |
| Ethics                      |      |         |           |         |
| Administrative capabilities |      |         |           |         |

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

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

### Contact Information

Name: \_\_\_\_\_ Phone: (Daytime) \_\_\_\_\_

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

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

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### Applicant's Information

Applicant's Name: \_\_\_\_\_ License Type: \_\_\_\_\_

Business Name: \_\_\_\_\_

### Reference of Applicant's Experience & Qualifications

Project Address: \_\_\_\_\_  
*Street Address* *Suite#*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Permit Number: \_\_\_\_\_ Type of work (Check one)  Residential  Commercial

If commercial, what was the "Use" (Check all that apply)

Office  Retail  Church  Restaurant  School  Other \_\_\_\_\_

What is your relationship to the applicant on this project? \_\_\_\_\_

What was the applicant's position on this project? \_\_\_\_\_

What trade or work was performed? \_\_\_\_\_

What is your opinion of the applicant's performance on this project? \_\_\_\_\_

### Applicant's Character

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| Ethics                      |      |         |           |         |
| Administrative capabilities |      |         |           |         |

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

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

### Contact Information

Name: \_\_\_\_\_ Phone: (Daytime) \_\_\_\_\_

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

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

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### Applicant's Information

Applicant's Name: \_\_\_\_\_ License Type: \_\_\_\_\_

Business Name: \_\_\_\_\_

### Reference of Applicant's Experience & Qualifications

Project Address: \_\_\_\_\_  
*Street Address* *Suite#*

\_\_\_\_\_ *City*

\_\_\_\_\_ *State*

\_\_\_\_\_ *Zip*

Permit Number: \_\_\_\_\_ Type of work (Check one)  Residential  Commercial

If commercial, what was the "Use" (Check all that apply)

Office  Retail  Church  Restaurant  School  Other \_\_\_\_\_

What is your relationship to the applicant on this project? \_\_\_\_\_

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What trade or work was performed? \_\_\_\_\_

What is your opinion of the applicant's performance on this project? \_\_\_\_\_

### Applicant's Character

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| Financial Responsibility    |      |         |           |         |
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| Administrative capabilities |      |         |           |         |

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

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

### Contact Information

Name: \_\_\_\_\_ Phone: (Daytime) \_\_\_\_\_

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

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