

Building Contractor Changes License Application

Please follow the instructions below to make a change to the Building Contractor's License.

Company Changes Name

If the new business name does not indicate a change in entity, we can process the paperwork internally. The current license expiration date will remain and a new contractor ID number will be issued.

"A" status permits under the existing contractor ID number must be satisfactorily completed prior to transferring.

All unresolved permits under the existing contractor ID number will be transferred to the new contractor ID number.

Examinee Changes Company

A change in entity is subject to the Licensing Committee's recommendation, and approval by the Board of Review. The license will not be issued until after approval by the Board of Review. Payment for the annual license fee is due after Board of Review's approval and a new contractor ID number will be issued.

Examinee's former company is granted 30 days to complete the unresolved permits from the date of disassociation from the company. No new permits may be obtained.

"A" status permits under the existing contractor ID number must be satisfactorily completed prior to transferring.

All unresolved permits under the existing contractor ID number will be transferred to the new contractor ID number unless the former company obtains a new examinee that accepts responsibility for the unresolved permits.

Failure to replace the examinee within 30 days from the date of his or her disassociation will result in the automatic suspension of a license.

The following documents are required:

- Application form -must be filled out completely or it will not be accepted.
- 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
- Certificate of Good standing from the Secretary of State (www.sos.state.co.us)
- Letter requesting the change, stating the former company name, the new company name, and the effective date and responsibility of any unresolved permits. The letter is to be signed by the examinee and the principal of the company.
- Liability Insurance Certificate
- Workers' Compensation Certificate or Rejection of Coverage with the State of Colorado (www.colorado.gov)

PIKES PEAK REGIONAL BUILDING DEPARTMENT

Building Contractor Changes License Application

RBD USE ONLY
Date _____
Initial _____
Receipt # _____
RBD # _____

CHANGE TYPE (*Check one*)

Company Changes Name Examinee Changes Company

BUILDING CONTRACTOR LICENSE TYPE (*Check one*)

A-1 B-1 C D-2A D-4 F-1
 A-2 B-2 D-1 _____ D-5A E

Business Information

Type of Entity (*Check one*) Individual Partnership Corporation LLC

New 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: _____

Number of years Company has operated as a contractor? (*If new, write "new"*) _____

What is the Company's specialty area of construction? _____

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

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 _____

Has the company been a defendant in a collection action court case? Yes No If yes, Explain _____

Has the company ever declared bankruptcy? Yes No If yes, Explain _____

Has the company ever had a license suspended or revoked? Yes No If yes, Explain _____

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 Information

Legal Name: _____
Last *First* *M.I.*

Date of Birth: _____ Social Security Number: _____

Residence Address : _____
Number/Street Only - NO P.O. Boxes or PBM's *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Applicant's Phone Number: _____ Applicant's Email Address: _____

Applicant's Existing PPRBD License Number? _____

What is your area of expertise in the construction industry? _____

How long have you worked in the construction industry? _____

What is your affiliation with the company? (*Owner, Partner, Employee, Etc.*) _____

Have you ever been convicted of a misdemeanor or felony? Yes No If yes, Explain _____

Type of work you performed (*Check one or both, if applicable*) Residential Commercial

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 _____

Have you ever declared bankruptcy? Yes No If yes, Explain _____

Have you had a license suspended or revoked? Yes No If yes, Explain _____

Have you ever defaulted on a contract? Yes No If yes, Explain _____

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: _____

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's Signature: _____ Date: _____