

PIKES PEAK REGIONAL BUILDING DEPARTMENT

Plumbing Contractor Registration

REGISTRATION REQUIREMENTS *(Included copies with this form)*

- Colorado Master Plumbers License
- Colorado Plumbing Contractor License
- Liability Insurance Certificate
- Workers' Compensation Certificate
- Copy of Driver's License or Photo ID Card issued by a state or federal government

RBD USE ONLY

Date
Initial
RBD#

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 Tax 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: _____

Applicant's 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: _____

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

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

Applicant's Signature: _____ Date: _____