



Pueblo Regional Building Department
830 N Main St. Suite 100
Pueblo CO 81003
719-543-0002 fax 719-543-0062

www.prbd.com
licensing@prbd.com

Contractor Licensing Packet

All contractors must have an EIN issued by the Internal Revenue Service. If you are using a DBA (doing business as), please be sure that it is registered with the Colorado Secretary of State's Office.

Checklist of Required items for a license:

- Application Fee - \$95.00** NOTE: Payment of the application fee does not constitute the granting of a license, certificate, or registration. (You may also pay the license fee at time of application submittal) **CASH IS NOT ACCEPTED BY MAIL.**
- Contractor New License Application Form (page 4-5)**
Company information form must be signed and or completed by responsible party of the company.
- Qualifying Person Applicant Form & Project History Form (page 5-6)** - All contractors must designate one (1) qualifying person. The qualifying person completes and signs the Qualifying Person (Applicant) Form, which validates the designation made for the application. For licenses requiring an ICC exam, a company's qualifying person must pass the appropriate ICC Exam and include a copy of the pass result with the application. Exams can be found at ICCSAFE.org
NOTE: Only one (1) person shall be named as license holder for the contractor's license for the trade applied.
- Reference forms for applicant. THREE REFERENCES REQUIRED (pages 7-9)** for the qualifying person (applicant).
These shall be COMPLETED by your references and be signed, prior to being returned with your application.
- Affidavit of Lawful Presence for Qualifying Person along with copy of valid Government issued ID (page10)**
- Certificate of Liability Insurance** - Obtain this from your insurance agent. A certificate of liability insurance that provides evidence that your business has general liability insurance coverage meeting the minimum statutory requirements.
----***PLEASE NOTE THE FOLLOWING THREE (3) ITEMS***----
1-THE CERTIFICATE MUST SHOW THE LEGAL BUSINESS ENTITY NAME AS THE INSURED. Your business name must be in the "insured" section. If using an assumed name, the insurance certificate must show the insured as the legal business entity's name and must include the assumed name as a DBA name.
2- Certificate holder must be: Pueblo Regional Building Department, 830 N Main St, Pueblo CO 81003***
3- The description of operations box should state the type of contractor license you are applying for.
- Certification of Workers' Compensation Insurance or Waiver** - Provide a certificate of worker's compensation insurance that provides evidence that your business has worker's compensation insurance coverage meeting the minimum statutory requirements. The certificate must show the legal business entity name as the insured. If using an assumed name, the insurance policy and the certificate must show the insured as the legal business entity's name and must include the assumed name as a DBA name (if applicable).
NOTE: Certificate holder must be Pueblo Regional Building Department, 830 N Main St, Pueblo CO 81003.
Waiver: If you are waiving having worker's compensation insurance, you are required to file the waiver with the State of Colorado. You may download the waiver form from a link on our website at <http://www.prbd.com/licensing.php>
OR THE STATE WEBSITE <https://www.colorado.gov/pacific/cdle/node/33361> + Insurance Coverage and Certification
- Reference letters for the company supplied by (1 each)-a bank (1) and a supplier (1) – on their respective letterhead.**
(Not required if company has a current valid PRBD license)
- City Use Tax License (to do work in the City of Pueblo) – available from www.pueblo.us**
719-553-2659 1 City Hall Place Pueblo, CO 81003

Licenses requiring examination:

Building Contractor "A – General Contractor", "B – Limited Commercial Contractor", "C – Residential Contractor", "D – Roofing Contractor", Mechanical "A" Contractor:

Supply examinee's copy of ICC pass result for the appropriate exam.

Online exams available at: <https://www.iccsafe.org/certification-exam-catalog/> or <https://home.pearsonvue.com/icc/license>

Tests are given by Pearson Vue testing; (1-877-234-6082 to schedule test) ***If you need to take an exam, please use the minimum exam numbers: Building 'A' – F11, Building 'B' – F12, Building 'C' – F13, Roofing – F14, Mechanical 'A' – F29***

Experience Requirements for License Type:

BUILDING CONTRACTOR – A (GENERAL)

1. Five (5) years in the building construction field work on Type I or Type II buildings and A, E or I occupancies as a foreman or superintendent responsible for the following activities:
 - a. Excavations
 - b. Erection of structural elements of reinforced concrete, steel, masonry, heavy timber, or other wood.
 - c. General Supervision over all building trades
2. Three (3) years of one of the following may be substituted for an equal amount of the required field work:
 - a. Building construction administrative work consisting of one or more of these positions:
 1. Designer
 2. Draftsman
 3. Estimator
 - b. Engineering or architecture courses from an accredited college granting a B. S. or B.A. degree
 - c. A combination of a and b above may be accepted not to exceed a total of three (3) years
 - d. Having either held a class "B" Building Contractors license or worked in the class "B" field as a foreman or superintendent for at least three (3) years

BUILDING CONTRACTOR – B (LIMITED)

1. Four (4) years in the building construction field work as a foreman or superintendent responsible for the following types of activities on commercial buildings:
 - a. Excavations for buildings
 - b. Erection of structural elements of reinforced concrete, steel, masonry, heavy timber, or other wood
 - c. General Supervision over all building trades
2. Two (2) years of one of the following may be substituted for an equal amount of the required field work:
 - a. Building construction administrative work consisting of one or more of these positions:
 1. Designer
 2. Draftsman
 3. Estimator
 - b. Engineering or architecture courses from an accredited college granting a B. S. or B. A. degree
 - c. A combination of a and b above may be accepted not to exceed a total of two (2) years
 - d. Having either held a class "C" Building Contractors license or worked in the class "C" field as a foreman or superintendent for at least two (2) years

BUILDING CONTRACTOR – C (HOME BUILDER)

1. Two (2) years in residential building construction field work as a journeyman carpenter, framing contractor or as a construction foreman.
2. One (1) year of building construction administrative work may be substituted for an equal amount of field work. Such administrative work shall consist of one or more of these positions:
 - a. Designer
 - b. Draftsman
 - c. Estimator
 - d. Having built two (2) houses under owner generated permits
 - e. Having either held a class "D" specialty license or worked in a "D" specialty field as a journeyman if pertaining to residential construction

BUILDING CONTRACTOR – D (Roofing & Other Contractors)

1. Two (2) years of field experience in the respective trade to which the license pertains.

Mechanical “A” Contractor—Unlimited

1. Five (5) years in the Mechanical field on gas, refrigeration and sheet metal systems.
2. Passage of the ICC Mechanical ‘A’ Exam
3. Section 608 Technician Certification (Universal Card)

Mechanical “C” Contractor—Gas Fitter, Refrigeration, Sheet Metal

Four (4) years in the Mechanical field on gas, refrigeration, or sheet metal as required for the type of license. You are limited to two Mechanical ‘C’ licenses per individual.

Other Requirements

All licenses require approval by the Building Official or authorized representative that the applicant is qualified. Any applicant aggrieved by the Building Official or the Building Official’s authorized representative’s decision may appeal such decision to the Board in accordance with section 4-1-8 of the Pueblo Municipal Code.

Upon approval by the Building Official or authorized delegate(s), you will be notified by mail of your approval. If your application is not approved, you will be notified by mail with reasons for non-approval.

NOTE: Applications and documents included are valid for six (6) months only.

Annual License Fees (based on calendar year)

Building "A"	\$310.00
Building "B"	\$260.00
Building "C"	\$220.00
Building "D"	\$130.00
Demolition	\$260.00
Fire Protection	\$130.00
Low Voltage	\$130.00
Utility Contractor	\$130.00
Lawn Sprinkler	\$130.00
Mechanical "A"	\$260.00
Mechanical "C"	\$130.00
Mechanical "C" Dual	\$260.00

All licenses expire on December 31 regardless of date of activation or renewal.

License fees are not pro-rated.



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Contractor License Application

Important Notice: This application must be filled out entirely in order to be accepted.

An incomplete application may needlessly delay your license.

NOTE: The qualifying applicant will be the designated license holder for the contractor's license with the Pueblo Regional Building Department. Only one (1) applicant and contractors license holder is allowed per license with the Pueblo Regional Building Department.

Application Date: _____

- Commercial Contractor "A"
 Commercial Contractor "B"
 Residential Contractor "C"
 Mechanical Contractor "A"
 Mechanical Contractor "C"
 (Gas Sheet Metal Refrigeration) Max of 2

Specialty Contractor "D"

Indicate Type(s) of License for Application

Indicate Type of License

Awning	Concrete	Demolition	Drywall
Excavation	Framing	Low Voltage	Masonry
Ornamental Iron	Asphalt Paving	Siding	Sign Erection
Structural Steel	Stucco	U – Occupancy	Lawn Sprinkler
Utility Contractor (sewer, water, fire mains)		Roofing (ICC Exam Req'd)	Solar PV (NABCEP Req'd)
Pools			

Company Information

Legal Business Name		Federal Tax ID Number	
DBA (if applicable)		<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Partnership <input type="checkbox"/> Individual Proprietor	
Physical Street Address		City	State Zip Code
Mailing Address (if different)		City	State Zip Code
Business Phone	Fax Number	Office Email Address (<u>Required</u>)	
Do you have employees? <input type="checkbox"/> Yes <input type="checkbox"/> No		If you have employees, you will be required to provide a worker's compensation insurance certificate. If not, you will be required to file a waiver with the State of Colorado	
Date Business Established:			
Signature of Officer, Partner, or Owner		Printed Name and Title	

Company Information

1. How many years has this company operated as a contractor? _____
2. If this company has ever held a license with PRBD please list license # _____
3. Does this company currently hold licenses in other Jurisdictions? Yes ___ or No ___

Jurisdiction _____	License # _____	Type _____	Active _____
Jurisdiction _____	License # _____	Type _____	Active _____
Jurisdiction _____	License # _____	Type _____	Active _____
4. Has this company (or assumed DBA's for the company) ever been responsible for unsatisfied judgements, liens, and/or claims against it? Yes ___ or No ___

5. Has the company ever had a contractors license suspended or revoked? Yes ___ or No ___

6. Has the Company ever defaulted on a construction consultation or contract? Yes ___ or No ___

Qualifying Person (Applicant)

The information you as an individual provide in this form will be used by the Department staff members to determine if you meet the Department's licensing requirements. The information is being requested for purposes of processing your application. You are not legally required to supply the requested data on this form; however, failure to provide the requested information may delay the processing of your application or result in the denial of the same. **NOTE: The qualifying applicant will be the designated license holder for the contractor's license with the Pueblo Regional Building Department. Only one (1) applicant and contractors license holder is allowed per license with the Pueblo Regional Building Department.**

Full Legal Last Name	Full Legal First Name		Middle Initial
Home Address	City	State	Zip Code
Social Security Number	Date of Birth	Email Address	
Home Phone Number	Cell Phone Number		
Name of Contractor you are qualifying person for:			
Position with the Company:	Start date with Company		

Project History: The following projects must have been performed or supervised by the applicant. Please refer to the instructions regarding required experience. Reprint this page as any times as needed to cover sufficient years of experience. Explain if no permit number was issued.

1. Address _____ City, State, Zip _____
 Owner _____ Permit# _____ Res. ___ or Com. ___ Date _____
 Occ. Type _____ Project Cost _____ Applicant's Position _____
 Describe project in detail: _____

2. Address _____ City, State, Zip _____
 Owner _____ Permit# _____ Res. ___ or Com. ___ Date _____
 Occ. Type _____ Project Cost _____ Applicant's Position _____
 Describe project in detail: _____

3. Address _____ City, State, Zip _____
 Owner _____ Permit# _____ Res. ___ or Com. ___ Date _____
 Occ. Type _____ Project Cost _____ Applicant's Position _____
 Describe project in detail: _____

4. Address _____ City, State, Zip _____
 Owner _____ Permit# _____ Res. ___ or Com. ___ Date _____
 Occ. Type _____ Project Cost _____ Applicant's Position _____
 Describe project in detail: _____

5. Address _____ City, State, Zip _____
 Owner _____ Permit# _____ Res. ___ or Com. ___ Date _____
 Occ. Type _____ Project Cost _____ Applicant's Position _____
 Describe project in detail: _____

This is to verify that I am the designated qualifying person for the contractor named above and, as such, I have fulfilled any examination requirements; and shall notify the department 15 days in advance of resigning as the qualifying person with said contractor or immediately upon termination by the contractor.

I further verify that, although, I am not identified as an owner, partner, officer, or member of the contractor named above, I am regularly employed by the licensee and am actively engaged in the business of the licensee.

I understand and accept that the Department may revoke, suspend or limit this license if I knowingly and willfully made a false statement in this application or otherwise violate the provisions of the ordinances of the City or County of Pueblo.

I further agree and understand that if any information provided by me on this application is untrue, that any license granted to me by Pueblo Regional Building Department may be automatically revoked. I may appeal the revocation to the Board of Appeals ("Board") by filing a notice of appeal with the Board within thirty (30) days of the date of the notice sent to me by Pueblo Regional Building Department. If the appeal is not received within the thirty (30) days, my right to appeal is forever waived.

NOTE: The qualifying applicant will be the designated license holder for the contractor's license with Pueblo Regional Building Department. Only one (1) applicant and contractors license holder is allowed per license with Pueblo Regional Building Department.

Signature of Applicant	Title	Date Signed



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License Application Reference Request (1 of 3 Required)

Applicant- forward these to your references and return them complete.

The application for a license is under consideration by the Board of Review on behalf of Pueblo Regional Building Department. As a reference listed by the applicant, your response is important in assessing this individual's qualifications for the requested contractor's license. Information should be based on your knowledge of the applicant's work on a project. References may NOT be provided a current employee of the applicant, nor an employee of the PRBD or their immediate family.

Please complete and sign this form and return to the applicant. If you have any questions, please contact our Office at (719) 543-0002. Your assistance and opinions are valued and will remain strictly confidential.

Thank you.

To be completed by Applicant

Applicant Name: _____ **License Type Requested:** _____

Business Name: _____

Project Address: _____

Street Address

Apt #

City

State

Zip

Permit # (if applicable) _____ Type: Commercial Residential

Date(s) of Project: Start Date _____ End Date _____

If commercial, what was the "use" (circle all that apply)

Office Retail Church School Eating Establishment Other

To be completed by Referral

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? _____

If direct employment, what was applicants Position/ Work Done: _____

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) () _____ Email _____

Signature _____ Date _____



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License Application Reference Request (2 of 3 Required)

Applicant- forward these to your references and return them complete.

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Please complete and sign this form and return to the applicant. If you have any questions, please contact our Office at (719) 543-0002. Your assistance and opinions are valued and will remain strictly confidential.

Thank you.

To be completed by Applicant

Applicant Name: _____ License Type Requested: _____

Business Name: _____

Project Address: _____

Street Address

Apt #

City

State

Zip

Permit # (if applicable) _____ Type: Commercial Residential

Date(s) of Project: Start Date _____ End Date _____

If commercial, what was the "use" (circle all that apply)

Office Retail Church School Eating Establishment Other

To be completed by Referral

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? _____

If direct employment, what was applicants Position/ Work Done: _____

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) () _____ Email _____

Signature _____ Date _____



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License Application Reference Request (3 of 3 Required)

Applicant- forward these to your references and return them complete.

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Please complete and sign this form and return to the applicant. If you have any questions, please contact our Office at (719) 543-0002. Your assistance and opinions are valued and will remain strictly confidential.

Thank you.

To be completed by Applicant

Applicant Name: _____ License Type Requested: _____

Business Name: _____

Project Address: _____

Street Address

Apt #

City

State

Zip

Permit # (if applicable) _____ Type: Commercial Residential

Date(s) of Project: Start Date _____ End Date _____

If commercial, what was the "use" (circle all that apply)

Office Retail Church School Eating Establishment Other

To be completed by Referral

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? _____

If direct employment, what was applicants Position/ Work Done: _____

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) () _____ Email _____

Signature _____ Date _____



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This Must be filled out by the qualifying person only

Applicant Business Name: _____

Contractor applicant, please complete, sign and return along **with a copy of Photo ID** (e.g. Colorado Drivers License)

AFFIDAVIT OF LAWFUL PRESENCE

CRS Title 24 Article 76.5 Restrictions on Public Benefits

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that I am a United States citizen, or I am a Permanent Resident of the United States, or I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature Date

Staff use only:

____ Photo ID Presented ____ Copy of Photo ID Attached

Received by: _____ Date: _____