



**Regional Building Department**  
830 N Main St Suite 100  
Pueblo CO 81003  
719-543-0002 Fax 719-543-0062  
www.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:

#### **Contractor New License Application Form (1 Page)**

Application Form - Page 1 must be completed and signed by applicant.

**Qualifying Person Designation Form (2 Pages)** - All applicants must designate a qualifying person. The qualifying person completes and signs the Qualifying Person Designation Form, which validates the designation made in the application form. 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.

**Application Fee - \$95.00 (You may also pay the license fee at the same time)** NOTE: Payment of the application fee does not constitute the granting of a license, certificate, or registration. **CASH IS NOT ACCEPTED BY MAIL.**

**Certificate of Liability Insurance** - Obtain 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. Acceptable forms are the ACORD 25 (2010/05). 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; 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>

**Reference forms for applicant (3 REQUIRED)** – For the qualifying person. These should be sent to the reference and filled out prior to being returned with your application.

**Reference letters for company supplied by bank and a supplier** – on their respective letterhead *(only if company does not have a current valid PRBD license)*

**Affidavit of Lawful Presence (Qualifying Person) along with copy of Driver's License**

**City Use Tax License (to do work in the City of Pueblo)** – available from [www.pueblo.us](http://www.pueblo.us)

**Licenses requiring examination:**

Building Contractor "A – General Contractor", "B – Limited Commercial Contractor", "C – Residential Contractor", "D – Roofing Contractor", Mechanical "A" Contractor: Supply copy of ICC pass result for the appropriate exam. Tests are given by Pearson Vue testing; (1-877-234-6082 to schedule test) **If you need to take an exam, please use the following exam numbers: Building 'A' – F11, Building 'B' – F12, Building 'C' – F13, Roofing – F14, Mechanical 'A' – F29**

**Experience Required:****BUILDING CONTRACTOR – A (GENERAL)**

1. Five (5) years in the building construction field work on Type I-FR or Type II FR 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.**

| <b><u>Annual License Fees (based on calendar year)</u></b> |                 |
|--|-----------------|
| <b>Building "A"</b>  | <b>\$310.00</b> |
| <b>Building "B"</b>  | <b>\$260.00</b> |
| <b>Building "C"</b>  | <b>\$220.00</b> |
| <b>Building "D"</b>  | <b>\$130.00</b> |
| <b>Demolition</b>  | <b>\$260.00</b> |
| <b>Fire Protection</b>                                     | <b>\$130.00</b> |
| <b>Low Voltage</b>   | <b>\$130.00</b> |
| <b>Utility Contractor</b>                                  | <b>\$130.00</b> |
| <b>Lawn Sprinkler</b>                                      | <b>\$130.00</b> |
| <b>Mechanical "A"</b>                                      | <b>\$260.00</b> |
| <b>Mechanical "C"</b>                                      | <b>\$130.00</b> |
| <b>Mechanical "C" Dual</b>                                 | <b>\$260.00</b> |



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## Contractor License Application

**Important Notice:** This application must be completely filled out in order to be accepted. An incomplete application may needlessly delay your license.

Application Date: \_\_\_\_\_

- Commercial Contractor "A"    
  Commercial Contractor "B"    
  Residential Contractor "C"  
 Mechanical Contractor "A"    
  Mechanical Contractor "C" (  Gas  Sheet Metal  Refrig. )

Specialty Contractor "D" (Circle Type(s))

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

### Company Information

|   |            |  |                     |
|---|------------|--|---------------------|
| Legal Business Name   |            | Federal Tax ID Number  |                     |
| DBA (if applicable)   |            | <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC)<br><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   |                     |



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## Contractor License Application

### Qualifying Person

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.

|   |                         |                |          |
|---|-------------------------|----------------|----------|
| 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 (Projects performed or supervised by you personally)

Please refer to the instructions regarding experience required

1. Address \_\_\_\_\_ Owner \_\_\_\_\_

Occ. Type \_\_\_\_\_ Size \_\_\_\_\_ Project Cost \_\_\_\_\_ Your Position \_\_\_\_\_

Describe job in detail: \_\_\_\_\_

2. Address \_\_\_\_\_ Owner \_\_\_\_\_

Occ. Type \_\_\_\_\_ Size \_\_\_\_\_ Project Cost \_\_\_\_\_ Your Position \_\_\_\_\_

Describe job in detail: \_\_\_\_\_



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## Contractor License Application (continued)

3. Address \_\_\_\_\_ Owner \_\_\_\_\_

Occ. Type \_\_\_\_\_ Size \_\_\_\_\_ Project Cost \_\_\_\_\_ Your Position \_\_\_\_\_

Describe job in detail: \_\_\_\_\_

4. Address \_\_\_\_\_ Owner \_\_\_\_\_

Occ. Type \_\_\_\_\_ Size \_\_\_\_\_ Project Cost \_\_\_\_\_ Your Position \_\_\_\_\_

Describe job in detail: \_\_\_\_\_

5. Address \_\_\_\_\_ Owner \_\_\_\_\_

Occ. Type \_\_\_\_\_ Size \_\_\_\_\_ Project Cost \_\_\_\_\_ Your Position \_\_\_\_\_

Describe job 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, if 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.

| Signature of Applicant | Title | Date Signed |
|------------------------|-------|-------------|
|                        |       |             |



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## License Application Reference Request (3 Required)

*Applicant- forward these to your references and return them completed*

To: \_\_\_\_\_  
 (Name of Reference)

For: \_\_\_\_\_  
 (Name of Applicant)

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Company Name License being applied for: \_\_\_\_\_

The application for license (as stated above) is under consideration by the 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 license. For your convenience, questions are listed below.

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. References may NOT be provided for a relative or by a PRBD employee.

Please complete and sign this form and return to Pueblo Regional Building Department at your earliest convenience. Please remember to return both pages of this reference form by mail, hand delivery, fax to **(719)543-0062** , or e-mail to **licensing@prbd.com**

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

## License Application Reference Request

**PROJECT or EMPLOYMENT**

Name \_\_\_\_\_

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

If Project: Cost \_\_\_\_\_ Size \_\_\_\_\_ Type: Commercial Residential

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

Office      Retail      Church      School      Eating establishment      Office      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 \_\_\_\_\_

(continued)

**If Employment:**

Dates of Employment: Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Position/ Work Done: \_\_\_\_\_

**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) (    ) \_\_\_\_\_ 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) to:

**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: \_\_\_\_\_



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**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) (    ) \_\_\_\_\_ Email \_\_\_\_\_

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



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From: \_\_\_\_\_  
 (Name of Applicant)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Office      Retail      Church      School      Eating establishment      Office      Other

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If subcontractor, what trade or work was performed? \_\_\_\_\_

Your opinion of the applicant's performance on this project is \_\_\_\_\_

(continued)

**If Employment:**

Dates of Employment: Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Position/ Work Done: \_\_\_\_\_

**APPLICANT'S CHARACTER**

*Please circle the appropriate number that reflects your assessment of the applicant.*

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|-----------------------------|------|---|---------|---|-----------|---------|--|
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| 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) (    ) \_\_\_\_\_ Email \_\_\_\_\_

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