

# **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 <a href="http://www.prbd.com/licensing.php">http://www.prbd.com/licensing.php</a>

**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

### 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) <u>If you need to take an exam, please use the following exam numbers: Building 'A' – N11, Building 'B' – N12, Building 'C' – N13, Roofing – N14, Mechanical 'A' – N29</u>

### **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 <u>not</u> 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 (ba   | ased 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               |
| <b>Utility Contractor</b> | \$130.00               |
| Lawn Sprinkler            | \$130.00               |
| Mechanical "A"            | \$260.00               |
| Mechanical "C"            | \$130.00               |
| Mechanical "C" Dual       | \$260.00               |
|                           |                        |



# **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"                | Com               | nmercial             | Contractor                                  | "B"         | Resid         | lential Contr          | actor    | "C"                              |  |  |
| Mechanical Contractor "A"                | Mec               | hanical (            | Contractor "                                | ′C" (□      | Gas □Sheet    | : Metal 🔲 Refrig       | g. )     |                                  |  |  |
|  |                   | Awning               | 5   | Concre      | te            | Demolition             | )        | Drywall                          |  |  |
| Specialty Contractor "D" (Circle Type(s) | ))                | Excavat              | tion  | Framin      | g             | Roofing                |          | Masonry                          |  |  |
|  | ,                 | Ornam                | ental Iron                                  | Asphal      | t Paving      | Siding                 |          | Sign Erection                    |  |  |
|  |                   |                      | ral Steel                                   | Stucco      |               | U – Occupa             |          | Lawn Sprinkle                    |  |  |
|  |                   | Utility (<br>fire ma | Contractor (<br>ins)                        | sewer, v    | water,        | Low Voltag             | ge       | Solar PV                         |  |  |
| Company Information                      |                   |                      |   |             |               |                        |          |                                  |  |  |
| Legal Business Name                      |                   |                      | Federal Tax                                 | ID Numb     | per           |                        |          |                                  |  |  |
| DBA (if applicable)                      |                   |                      | Corporation Limited Liability Company (LLC) |             |               |                        |          |                                  |  |  |
|  |                   |                      | Partner                                     | ship [      | Individu      | al Proprietor          |          |                                  |  |  |
| Physical Street Address                  |                   |                      | City  |             | State         |                        | Zip Code |                                  |  |  |
| Mailing Address (if different)           |                   |                      | City  |             | State         | Zip C                  |          | ode                              |  |  |
| Business Phone                           | Fax Nu            | mber                 |   | Offic       | e Email Ac    | ldress ( <u>Requir</u> | red)     |                                  |  |  |
| Do you have employees? Yes No            | )                 |                      |   | n insuran   | ce certificat |                        |          | a worker's<br>required to file a |  |  |
| Date Business Established:               |                   |                      |   |             |               |                        |          |                                  |  |  |
| Signature of Officer, Partner, or Owner  |                   |                      | Printed Nam                                 | e and Title | е             |                        |          |                                  |  |  |



# **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 I      | Middle Initial |          |  |  |  |  |
|--|------------------|-------------|-------------------------|----------------|----------|--|--|--|--|
| Home Address                                       |                  |             | City                    | State          | Zip Code |  |  |  |  |
| Social Security Number                             |                  |             | Date of Birth           | Email Address  | 5        |  |  |  |  |
| Home Phone Number                                  |                  |             | Cell Phone Number       |                |          |  |  |  |  |
| Name of Contractor you                             | u are qualifying | person for: |                         |                |          |  |  |  |  |
| Position with the Company:                         |                  |             | Start date with Company |                |          |  |  |  |  |
|  |                  |             |                         |                |          |  |  |  |  |
| Project History (Project History (Project History) |                  |             |                         | personally)    |          |  |  |  |  |
| <b>1.</b> Address                                  |                  |             |                         | Owner_         |          |  |  |  |  |
| Occ. Type  | Size             | Project Co  | ost                     | Your Position  |          |  |  |  |  |
| Describe job in detail:_                           |                  |             |                         |                |          |  |  |  |  |
| 2. Address   |                  |             |                         | Owner_         |          |  |  |  |  |
| Occ. Type  | Size             | Project Co  | ost                     | Your Position  |          |  |  |  |  |
| Describe job in detail:                            |                  |             |                         |                |          |  |  |  |  |



# **Contractor License Application** (continued)

|   |  | Owner  |   |
|---|--|--|---|
| Size  | Project Cost   | Your Position  |   |
| l:  |  |  |   |
|   |  | Owner  |   |
| Size  | Project Cost   | Your Position  |   |
| l:  |  |  |   |
|   |  | Owner  |   |
| Size  | Project Cost   | Your Position  |   |
| l:  |  |  |   |
| nents; and shall no<br>ately upon termine<br>I am not identifie<br>y the licensee and<br>ept that the Depar<br>lication or otherwinderstand that if and<br>by Pueblo Region<br>and of Appeals ("Bo<br>e sent to me by Pue | otify the department 15 days ation by the contractor. d as an owner, partner, office am actively engaged in the latent may revoke, suspendise violate the provisions of the injury information provided by real Building Department may pard") by filing a notice of apeblo Regional Building Department   | in advance of resigning as the qualifying perser, or member of the contractor named above business of the licensee. For limit this license if I knowingly and willfully the ordinances of the City or County of Pueblone on this application is untrue, that any be automatically revoked. I may appeal the peal with the Board within thirty (30) days of                     | on with said<br>e, I am<br>made a false   |
|   |  | Date Signed  |   |
|   | SizeSizeSizeSizeSizes:Sizes:Sizes:Sizes:Sizesize_nents; and shall not ately upon terminately upon terminately upon terminately the licensee and ept that the Departication or otherwinderstand that if a by Pueblo Region rd of Appeals ("Both sent to me by Pueblo sent to me | Size Project Cost Size Project Cost Project Cost Project Cost Size Size Project Cost Size Size Project Cost Size Size Size Size Size Size Size Size | Size Project Cost Your Position  Size Project Cost Your Position  Owner  Size Project Cost Your Position  Size Project Cost Your Position  Size Project Cost Your Position  I am the designated qualifying person for the contractor named above and, as such, I have ful nents; and shall notify the department 15 days in advance of resigning as the qualifying person ately upon termination by the contractor.  I am not identified as an owner, partner, officer, or member of the contractor named above at the licensee and am actively engaged in the business of the licensee. Sept that the Department may revoke, suspend or limit this license if I knowingly and willfully lication or otherwise violate the provisions of the ordinances of the City or County of Pueblo derstand that if any information provided by me on this application is untrue, that any by Pueblo Regional Building Department may be automatically revoked. I may appeal the red of Appeals ("Board") by filing a notice of appeal with the Board within thirty (30) days of sent to me by Pueblo Regional Building Department. If the appeal is not received within the earl is forever waived. |



# **License Application Reference Request (3 Required)**

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

| To:(Name of Reference)   |  |   | For:                        | (Name of Ap            | oplicant)            |            |          |
|--|--|---|-----------------------------|------------------------|----------------------|------------|----------|
|  |  |   | -                           |                        |                      |            |          |
|  |  |   |                             |                        |                      |            |          |
| Company Name Licer   | se being applied fo  | r:  |                             |                        |                      |            |          |
| The application for Department.  | license (as state  | d above) is und                                     | er cons                     | ideratio               | n by the Pueblo Re   | gional Bui | lding    |
| As a reference liste qualifications for the  |  |   |                             | •                      | _                    |            | below.   |
| Information should<br>project type and so<br>for a relative or by  | ope, and the wo  | rk position held                                    |                             |                        |                      |            |          |
| Please complete ar<br>convenience. Pleas<br>(719)543-0062, or<br>If you have any que<br>Your assistance and<br>Thank you | e remember to <u>r</u><br>e-mail to <b>licensi</b><br>estions, please co | eturn both pago<br>ng@prbd.com<br>ontact our Office | <u>es</u> of th<br>e at (71 | is refere<br>.9) 543-0 | ence form by mail, I | •          |          |
|  | License  | Applicatio  | n Ref                       | erenc                  | e Request            |            |          |
| PROJECT or EMPLOYMEN   | IT   |   |                             |                        |                      |            |          |
| Name   |  |   |                             |                        | <del> </del>         |            |          |
| Address City State Zip   |  |   |                             |                        |                      |            |          |
| If Project: Cost   | Size   |   | Тур                         | e: Comme               | rcial Residential    |            |          |
| If commercial, v   | what was the "use" <i>(cii</i><br>Retail                                 | rcle all that apply)<br>Church                      | School                      |                        | Eating establishment | Office     | Other    |
| Your relationsh  | ip to the applicant on t   | this project was                                    |                             |                        |                      |            |          |
| The applicant's  | position on this projec  | t was   |                             |                        |                      |            |          |
|  |  |   |                             |                        |                      |            | 5/24/201 |

| If subcontractor, what trade or work w                                  | vas pe        | erforn | ned?    |        |         |          |    |   |  |
|---|---------------|--------|---------|--------|---------|----------|----|---|--|
| Your opinion of the applicant's perform                                 | manc          | e on t | his pro | ject i | s       |          |    |   |  |
| (continued)  If Employment:   |               |        |         |        |         |          |    |   |  |
| Dates of Employment: Start Date   |               |        |         | _ End  | l Date  |          |    | - |  |
| Position/ Work Done:  |               |        |         |        |         |          |    |   |  |
| APPLICANT'S CHARACTER Please circle the appropriate number that reflect |               |        |         |        |         |          |    |   |  |
| rieuse circle the appropriate number that rejiect                       | ıs yot<br>Poo |        | Avera   | -      |         |          |    |   |  |
| 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 licer                           | nse to        | this a | applica | nt an  | d compa | nny? Yes | No |   |  |
| Comments:   |               |        |         |        |         |          |    |   |  |
|   |               |        |         |        |         |          |    |   |  |
| CONTACT INFORMATION (please print) Name                                 |               |        |         |        | _       |          |    |   |  |
| Address City State Zip  |               |        |         |        |         |          |    |   |  |
| Phone (day time) ( )  |               |        |         | Emai   | I       |          |    |   |  |
| Signature   |               |        |         |        |         | Date     |    |   |  |



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

www.prbd.com

## 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,  |  |  |  |  |  |  |  |  |  |
| Signature Date  |  |  |  |  |  |  |  |  |  |
| Staff use only:   |  |  |  |  |  |  |  |  |  |
| Photo ID PresentedCopy of Photo ID Attached   |  |  |  |  |  |  |  |  |  |
| Received by: Date:  |  |  |  |  |  |  |  |  |  |



# **License Application Reference Request (3 Required)**

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

| 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 earlies convenience. Please remember to return both pages of this reference form by mail, hand delivery, fax (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 | To:(Name of Reference)   |  |   | From:_                       | (Name of Applicant)         |            |        |
|---|--|--|---|------------------------------|-----------------------------|------------|--------|
| 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 earlies convenience. Please remember to return both pages of this reference form by mail, hand delivery, fax (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   | Company Name Lice  | nse being applie                       | d for:  |                              |                             |            |        |
| 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 earlies convenience. Please remember to return both pages of this reference form by mail, hand delivery, fax (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   |  | r license (as st                       | ated above) is un   | der cons                     | ideration by the Pueblo Re  | gional Bui | lding  |
| 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 earlies convenience. Please remember to return both pages of this reference form by mail, hand delivery, fax (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   |  |  |   |                              | -                           |            | below. |
| convenience. Please remember to return both pages of this reference form by mail, hand delivery, fax (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  | project type and so  | cope, and the                          | work position he  |                              |                             |            |        |
| 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  | convenience. Pleas<br>(719)543-0062, or<br>If you have any que<br>Your assistance an | se remember to lice<br>estions, please | to <u>return both pa</u><br><b>nsing@prbd.com</b><br>e contact our Offi | ges of th<br>I<br>ice at (71 | nis reference form by mail, | •          |        |
| 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   |  | Lice                                   | nse Applicati   | on Re                        | ference Request             |            |        |
| 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   | PROJECT or EMPLOYME  | NT                                     |   |                              |                             |            |        |
| 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   | Name   |  |   |                              |                             |            |        |
| 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   | Address City State Zip   |  |   |                              |                             |            |        |
| 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   | If Project: Cost   |  | Size  | Туј                          | pe: Commercial Residential  |            |        |
|   | If commercial,   | what was the "use                      | " (circle all that apply)   |                              |                             | Office     | Other  |
| The applicant's position on this project was  | Your relationsh  | nip to the applicant                   | on this project was   |                              |                             |            |        |
|   | The applicant's  | position on this p                     | roject was  |                              |                             |            |        |

| If subcontractor, what trade or work w                             | If subcontractor, what trade or work was performed? |         |          |         |           |         |    |   |  |
|--|---|---------|----------|---------|-----------|---------|----|---|--|
| Your opinion of the applicant's perfor                             | mance   | e on t  | this pro | ject is | s         |         |    |   |  |
| (continued)  If Employment:  |   |         |          |         |           |         |    |   |  |
| Dates of Employment: Start Date                                    |   |         |          | _ End   | Date      |         |    | - |  |
| Position/ Work Done:   |   |         |          |         |           |         |    |   |  |
| APPLICANT'S CHARACTER  |   |         |          |         |           |         |    |   |  |
| Please circle the appropriate number that reflect                  | ts you  | ır assı | essmen   | t of t  | he applic | cant.   |    |   |  |
|  | Poo   |         | Averag   | -       |           |         |    |   |  |
| Financial responsibility   |   |         | 3        |         |           | Unknown |    |   |  |
| Ethics   | 1   | 2       | 3        | 4       | 5         | Unknown |    |   |  |
| Administrative capabilities  | 1   | 2       | 3        | 4       | 5         | Unknown |    |   |  |
| <b>RECOMMENDATION</b> Do you recommend granting the requested lice | nse to  | this    | applica  | nt an   | d compa   | ny? Yes | No |   |  |
| Comments:  |   |         |          |         |           |         |    |   |  |
|  |   |         |          |         |           |         |    |   |  |
| CONTACT INFORMATION (please print) Name                            |   |         |          |         | _         |         |    |   |  |
| Address City State Zip   |   |         |          |         |           |         |    |   |  |
| Phone (day time) ( )   |   |         |          | Emai    | l         |         |    |   |  |
| Signature  |   |         |          |         | [         | )ate    |    |   |  |



# **License Application Reference Request (3 Required)**

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

From:\_\_

| To:<br>(Name of Reference)            |   |  | From:(Nan                                  | ne of Applicant)                                    |           |          |
|---------------------------------------|---|--|--|---|-----------|----------|
| . Company Name Licens                 | se being applied  | for:   |  |   |           |          |
| The application for Department.       | license (as stat  | ted above) is u                                | under consider                             | ation by the Pueblo Reg                             | ional Bui | lding    |
|                                       |   |  | -  | ant in assessing this ind onvenience, questions a   |           | below.   |
|                                       | ope, and the w  | ork position h                                 |  | nee's work on a project,<br>llicant. References may |           |          |
| · · · · · · · · · · · · · · · · · · · | e remember to<br>e-mail to <b>licen</b> s<br>stions, please | return both p<br>sing@prbd.co<br>contact our O | oages of this re<br>om<br>ffice at (719) 5 |   | -         |          |
|                                       | Licens  | se Applica                                     | tion Refere                                | ence Request  |           |          |
| PROJECT or EMPLOYMEN                  | т   |  |  |   |           |          |
| Name                                  |   |  |  |   |           |          |
| Address City State Zip                |   |  |  |   |           |          |
| If Project: Cost                      | Si  | ize  | Type: Co                                   | mmercial Residential                                |           |          |
| If commercial, w<br>Office            | hat was the "use" (<br>Retail                               | (circle all that appl<br>Church                | (y)<br>School                              | Eating establishment                                | Office    | Other    |
|                                       |   |  |  |   |           | 5/24/201 |

| Your relationship to the applica   | nt on this p      | project                                | was         |                        |                             |                                      |    |   |  |  |
|--|-------------------|--|-------------|------------------------|-----------------------------|--------------------------------------|----|---|--|--|
| The applicant's position on this project was   |                   |  |             |                        |                             |                                      |    |   |  |  |
| If subcontractor, what trade or work was performed?  |                   |  |             |                        |                             |                                      |    |   |  |  |
| Your opinion of the applicant's  | performan         | ce on t                                | his pro     | oject is               | 5                           |                                      |    |   |  |  |
| (continued)  If Employment:  |                   |  |             |                        |                             |                                      |    |   |  |  |
| Dates of Employment: Start Date  |                   |  |             | _ End                  | Date                        |                                      |    | _ |  |  |
| Position/ Work Done:   |                   | ······································ |             |                        |                             |                                      |    |   |  |  |
| APPLICANT'S CHARACTER Please circle the appropriate number that Financial responsibility Ethics Administrative capabilities  RECOMMENDATION Do you recommend granting the requeste Comments: | Po<br>1<br>1<br>1 | or<br>2<br>2<br>2                      | Avera 3 3 3 | ge<br>4<br>4<br>4<br>4 | Excelle<br>5<br>5<br>5<br>5 | ent<br>Unknown<br>Unknown<br>Unknown | No |   |  |  |
| CONTACT INFORMATION (please print) Name Address City State Zip   |                   |  |             |                        | _                           |                                      |    |   |  |  |
| Phone (day time) ( )   |                   |  |             | Email                  | l                           |                                      |    |   |  |  |
| Signature  |                   |  |             |                        |                             | Date                                 |    |   |  |  |