



Contractor Licensing Packet

All contractors must have an EIN issued by the Internal Revenue Service.

If you are using a DBA (doing business as), make sure that it is registered with the Colorado Secretary of State.

Southern Colorado Building Department Contractor issued license is valid for a full calendar year. SoCoBD does not pro-rate our license fees from the date the license is issued. New Licenses issued after November 1st will expire on December 31 of the following year.

ALL LICENSES EXPIRE ON DECEMBER 31 REGARDLESS OF ACTIVATION OR RENEWAL

QUALIFYING PERSONS:

- **Qualifying Person Applicant Form and Project History Forms** (pages 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 test result with the application. Exams can be found at ICCSAFE.org. **OR a personal resume with experience per license requested.**
- NOTE: Only one (1) person shall be named as license holder for the contractor's license for the trade applied.**
- **Reference Forms for Applicant** (pages 7-9) – Three References Required for the qualifying person (applicant). These shall be Completed by your references and signed, prior to being returned with your application.
- **Affidavit of Lawful Presence** (page 10) – with copy of Qualifying Persons Driver's License.

BUSINESS FORMS:

- **Contractors New License Application** (page 4) – Company Information form must be signed and or completed by responsible party of the company.
- **Licensee Acknowledgement** (page 11)
- **Certificate of Liability Insurance** – Obtain from your insurance agent a Certificate of Liability Insurance that provided evidence that your business has General Liability Insurance Coverage meeting the minimum statutory requirements. Acceptable forms are the ACCORD 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 Southern Colorado 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.
- **Certificate of Workers' Compensation Insurance or Waiver** – Provide a Certificate of Workers' Compensation Insurance that provides evidence that your business has Workers' 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 Southern Colorado 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.
WAIVER: If you are waiving Workers' Compensation Insurance, you are required by law to file the waiver with the State of Colorado. You may download the waiver form from the link on our website at : <http://www.socobd.com> or the State Website <https://www.colorado.gov/pacific/cdle/node/33361> and Insurance Coverage Certification
- **City Use Tax License** Receipt or Certificated (to do work in the City of Pueblo) – Available from www.pueblo.us or 719-553-2659 (101 W. Riverwalk, Pueblo, CO)
- **Reference Letters for the Company** – On Respective Letterhead (Not Required if Company has a Current Valid SoCoBd license)
 - **A Bank**
 - **A Supplier**

FEE:

- A one-time Application Fee of \$95.00 is required at the time of each Application Submittal.
- Optional to pay Annual Fee at the time of Submitting.

NOTE: A Resubmittal Fee of \$35.00 will be assessed for Each Submission after the 2nd Revision. **IMPORTANT NOTICE:** This application must be complete and filled out entirely, to be accepted. An Incomplete Application may needlessly delay your license



Licenses Requiring Examination

Building Contractor 'A' (General)-**F11**, 'B' (Limited)-**F12**, 'C' (Home Builder)-**F13**, 'D' (Roofing Contractors)-**F14**

Mechanical 'A' (Unlimited)-**F29**, Mechanical 'B' (Commercial and Residential)-**F29**

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 a test, please use the minimum exam numbers above.

Experience Requirements for License Type

BUILDING CONTRACTOR

Contractor 'A' (General):

1. Five (5) years in the Building Construction field work on Type I or Type II construction type AND A, E or I Occupancies as foreman or superintendent responsible for the following activities:
 - Excavations
 - Erection of Structural Elements or Reinforced Concrete, Steel, Masonry, Heavy Timber, or other Wood.
 - General Supervision of ALL Building Trades.
2. Three (3) years of one of the following may be substituted for an equal amount of required field work:
 - a. Building Construction Administrative work consisting of one or more of these positions:
 - Designer
 - Draftsman
 - 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 a class 'B' field as a foreman or superintendent for at least three (3) years.

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:
 - Excavations
 - Erection of Structural Elements or Reinforced Concrete, Steel, Masonry, Heavy Timber, or other Wood.
 - General Supervision of 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:
 - Designer
 - Draftsman
 - Estimator
 - b. Engineering or Architectural 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.

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:
 - Designer
 - Draftsman
 - Estimator
 - Having Built two (2) Houses under owner generated permits
 - Having either held a class 'D' Specialty License or worked in a 'D' Specialty field as a Journeyman if pertaining to Residential Construction.

Contractor 'D' (Roofing & Other Contractors):

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



***For a Solar PV License, a State License Electrical Contractor that is Registered with **SoCoBd** can pull those permits, you DO NOT need to carry a second Solar PV License. If you do not carry a State Electrical License, you will need to meet the requirements for the Solar PV License. For Electrical Registration, find the Contractors Registration Packet which is available from the **SoCoBd** website.*

MECHANICAL CONTRACTOR

Mechanical 'A' (Unlimited):

1. Five (5) years in the Mechanical field on Gas, Refrigeration, and Sheet Metal.
2. Passage of the ICC Mechanical 'F29' Exam or Equivalent.
3. Section 608 Universal EPA Technician Certification.

Mechanical 'B' Gas Fitter, Refrigeration, Sheet Metal (Commercial and Residential):

1. Four (4) years in the Mechanical field on Gas, Refrigeration, or Sheet Metal as Required for the type of license. Limited to two (2) Disciplines per Individual.
2. Passage of the ICC Mechanical 'F29' Exam or Equivalent.
3. Refrigeration Requires Section 608 EPA Technician Certification.

Mechanical 'C' Gas Fitter, Refrigeration, Sheet Metal (Residential):

1. Four (4) years in the Mechanical field of Gas, Refrigeration, or Sheet Metal as required for the type of license. Any, or all three (3) of the Disciplines.
2. Refrigeration Requires Section 608 EPA Technician Certification.

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 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 Representative, 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)

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 'B'	\$130.00 ea
Mechanical 'C'	\$80.00 ea

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



Contractor License Application

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

Application Date: _____

☐ Commercial Contractor "A"	☐ Commercial Contractor "B"	☐ Residential Contractor "C"
☐ Mechanical Contractor "A" Unlimited	☐ Mechanical Contractor "B" - Max of 2 Commercial and Residential (☐ Gas ☐ Sheet Metal ☐ Refrigeration)	☐ Mechanical Contractor "C" Residential - Any, or all of the 3 disciplines (☐ Gas ☐ Sheet Metal ☐ Refrigeration)

☐ Specialty Contractor "D"

Indicate Type of License

☐ Awning	☐ Concrete	☐ Demolition	☐ Drywall
☐ Excavation	☐ Framing		☐ Masonry
☐ Ornamental Iron	☐ Asphalt Paving	☐ Siding	☐ Sign Erection
☐ Structural Steel	☐ Stucco	☐ U - Occupancy	☐ Lawn Sprinkler
☐ Utility Contractor (sanitary sewer, sewer, water, fire mains)		☐ Roofing (ICC Exam Req'd)	☐ Solar PV (NABCEP Req'd)
☐ Pools	☐ Gas Tanks and Pumps	☐ Low Voltage ___ Voice & Data ___ Security Or ___ Fire Alarm Check one	

Company Information

Legal Business Name		Federal Tax ID Number		
DBA (if applicable)		☐ Corporation ☒ Limited Liability Company (LLC) ☐ Partnership ☐ Individual Proprietor		
Physical Street Address		City	State	Zip Code
Mailing Address (if different)		City	State	Zip Code
Business Phone	Fax Number	Office Email Address (Required)		
Do you have employees? Yes ___ 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		



1. How many years has this company operated as a contractor? _____			
2. If this company has ever held a license with SoCoBD 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 ☐ No ☐			

5. Has the company ever had a contractor's license suspended or revoked? Yes ☐ No ☐			

6. Has the Company ever defaulted on a construction consultation or contract? Yes ☐ 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 Southern Colorado Building Department. Only one (1) applicant and contractor's license holder is allowed per license with the Southern Colorado 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 many times as needed to cover sufficient years of experience. Explain if no permit number was issued. You may also include a personal resume.

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 Town of Boone.

● I further agree and understand that if any information provided by me on this application is untrue, that any license granted to me by Southern Colorado 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 Southern Colorado Building Department. If the appeal is not received within 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 Southern Colorado Building Department. Only one (1) applicant and contractor's license holder is allowed per license with Southern Colorado Building Department.

Signature of Applicant	Title	Date Signed



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 Southern Colorado 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 as current employee of the applicant, nor an employee of the **SoCobd** or their immediate family.

Please complete and sign this form and return it 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 with 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 _____



License Application Reference Request (2 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 Southern Colorado 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 **SoCobd** or their immediate family.

Please complete and sign this form and return it 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 _____



License Application Reference Request (3 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 Southern Colorado 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 **SoCobd** or their immediate family.

Please complete and sign this form and return it 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 _____



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: _____



Licensee Acknowledgement

Date: _____

I acknowledge that I am the examinee/license holder listed below. Upon termination or separations from the company listed below, I agree to notify the Southern Colorado Building Department of the split or termination from the company on this application packet.

Should I fail to notify **SoCobd** of the separation, I authorize the Owner of the company stated below to remove me from said license and assign a new qualifier within 30 days of termination/separation. Upon separation from said company I understand that all authorized signees that were working under my license will also be removed and only the company Owner will be able to resubmit new documentation for a new qualifier.

PRINTED NAME

SIGNATURE / DATE

COMPANY NAME

COMPANY OWNER PRINTED NAME

** Once the Southern Colorado Department ("socobd") receives formal notice that an examinee is no longer with the company and is transferring the license/registration (or for other reasons transfers the license/registration), then SoCoBD administrative locks the license/registration and gives the examinee's former company 30 days to request inspections for any open and/or active status permits for work already completed, but not yet inspected. No new permits may be obtained. Failure to replace the examinee within 30 days from the date of his/her disassociation will result in the automatic hold on the existing contractor license/registration.*