



SOUTHERN COLORADO BUILDING DEPARTMENT

719-543-0002

socobd.com

830 N Main Street | Pueblo, CO 81003

Contractor Registration Packet

licensing@socobd.com

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:

- ☐ **Master's with the State of Colorado** (page 3) – All Applicants must designate a qualifying person. The qualifying person must complete and sign the Qualifying Designation Form, which validates the designation made in the application form. For Electrical and Plumbing registrations, the qualifying person must be the Master on record with DORA for the Contractor.
 - ☐ **Electrical and Plumbing Master** – Include Master License and a copy of your Colorado State Contractors License.
 - ☐ **Fire Protection, Elevator, or Manufactured Home Setter** – Include a copy of your Colorado State License.
 - ☐ **Affidavit of Lawful Presence** (page 4) – with copy of Qualifying Persons Driver's License.

BUSINESS FORMS:

- ☐ **Contractors Registration Form** – Application Form (page 2), Must be completed and Signed by Applicant
- ☐ **Company Information Form** – (page 2)
- ☐ **Licensee Acknowledgement Form** (page 5)
- ☐ **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>
- ☐ **City Use Tax License** Receipt or Certificate (to do work in the City of Pueblo) – Available from www.pueblo.us or 719-553-2659 (101 W. Riverwalk, Pueblo)

FEES:

- ☐ A one-time Administrative 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

Annual License Fees (based on Calendar year)

Fire Protection	\$ 130.00
Plumbing Contractor	\$ 130.00
Plumbing w/Gas Piping & Metal Venting	\$ 260.00
Elevator Contractor	\$130.00
Well Pump/Well Water Line	\$ 130.00
Water Conditioning Contractor	\$ 130.00



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**BUILDING
DEPARTMENT**

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Contractor Registration

Application Date: _____

- ☐ **Electrical Contractor**
Include a Copy of
Colorado State License
And Master Electrical License
- ☐ **Plumbing Contractor**
Include a Copy of
Colorado State License
- ☐ **Plumbing Contractor w/Gas Piping & Metal Venting**
Include a Copy of Colorado State License
And Master Plumbing License
- ☐ **Elevator Contractor**
Include a Copy of
Colorado State License
- ☐ **Fire Protection**
- ☐ **Stationary Engineer A B C (Circle one)**
- ☐ **Manufactured Home Setter**
Include a Copy of Colorado State License **(All Work other than the Setting of the Home Requires Other Licenses.)**
- ☐ **Well Pump/Well Water Line**
Include a Copy of
Colorado State License
- ☐ **Water Conditioning/Purifying Contractor**
Include a Copy of Colorado State Certificate

Company Information

NAME OF COMPANY		Federal Tax ID Number	
DBA (if applicable)		☐ Corporation ☐ Limited Liability Company (LLC) ☐ Partnership ☐ Individual Proprietor	
Physical Street Address		City	State Zip
Mailing Address (if different)		City	State Zip
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			



Qualifying Person (Master)

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
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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 Town of Boone.

Signature of Applicant	Title	Date Signed
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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: _____



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.*