

Examinee Changes License/Registration Application

CHANGE TYPE (check one)

- Name Change Examinee Change

BUILDING CONTRACTOR LICENSE TYPE (check one):

- | | | | | |
|------------------------------|---|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> A-1 | <input type="checkbox"/> D-1: _____ | <input type="checkbox"/> D-5A | <input type="checkbox"/> H-A | <input type="checkbox"/> H-C4 |
| <input type="checkbox"/> A-2 | <small>[ENTER ABOVE: "Exterior" or a specific single trade]</small> | <input type="checkbox"/> D-6B | <input type="checkbox"/> H-B | <input type="checkbox"/> H-D |
| <input type="checkbox"/> B-1 | <input type="checkbox"/> D-2A | <input type="checkbox"/> E | <input type="checkbox"/> H-C1 | <input type="checkbox"/> H-E |
| <input type="checkbox"/> B-2 | <input type="checkbox"/> D-3B | <input type="checkbox"/> F-1 | <input type="checkbox"/> H-C2 | |
| <input type="checkbox"/> C | <input type="checkbox"/> D-4 | <input type="checkbox"/> F-2 | <input type="checkbox"/> H-C3 | |

RBD USE ONLY

Date: _____

Initials: _____

Receipt # _____

RBD # _____

Business Information

Type of Entity (Check one) Individual Partnership Corporation LLC Other

Business Name: _____
(DBAs): _____

(The business name is the name that will appear on the license/registration and is the actual name under which the contracting business will operate including DBAs. The business name must match exactly the name on file with the Colorado Secretary of State, or a letter must be submitted stating which business name(s) will be used within the jurisdiction of PPRBD.)

Federal Employer ID: (if any) _____

Business Address: _____ Apt./Unit # _____
_____ City _____ State _____ Zip Code _____

Business Phone: _____ Business E-Mail: _____
Business Fax: _____ Business Website: _____

Company's Principals or Owners:

Name: _____ Title: _____
Name: _____ Title: _____

1. Number of years company has operated as a contractor (if new, write "new"): _____
2. Company's specialty area of construction: _____
3. Contractor type of work (check one or both, if applicable) Residential Commercial
4. Has the company or any other entity you have been or are associated with been named in or responsible for any entered or unsatisfied judgments, liens, and/or claims against it?
 Yes No If yes, explain: _____
5. Has the company or any entity you have been or are associated with been accused of, charged, or liable for any claims (civil, criminal, or administrative) for work related to any license or registration issued by this jurisdiction or for work related to the building trades in any jurisdiction?
 Yes No If yes, explain: _____

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6. Has the company changed its name and/or assumed the business and/or assets of another company?
 Yes No If yes, explain:

7. Has the company ever had a license or registration suspended or revoked?
 Yes No If yes, explain:

8. Has the company ever defaulted on a construction consultation and/or construction contract?
 Yes No If yes, explain:

9. Has the company ever declared bankruptcy?
 Yes No If yes, explain:

CERTIFICATION (The following declaration is to be signed by a principal or an owner of the company)

The undersigned, on behalf of the company, does hereby declare and warrant that the “Applicant” for a contractor’s license/registration named herein has the express authority to bind the company by this application; and, further, the company does hereby agree to abide by the ordinances, rules, codes, and regulations promulgated by the City of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County, and the City of Woodland Park, Teller County, in regard to any work which may be performed by the company pursuant to the contractor’s license/registration for which this application is made and for which the work is governed by the Regional Building Code. *(See attached Privacy Act Statement)*

Representative Printed Name: _____

Signature of Representative: _____ Date: _____

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Applicant's Information

Applicant's Name: _____
Last First M.I. Suffix

Date of Birth: _____ Social Security Number: _____

Residence Address: _____
_____ *Apt./Unit #*
_____ *Number / Street Only - No P. O. Boxes or PBM's*
_____ *City State Zip Code*

Applicant's Home Phone: _____ Applicant's Cell Phone: _____

Applicant's Office Phone: _____ Applicant's Fax: _____

Applicant's E-mail Address: _____

Applicant's existing PPRBD contractor ID number: _____

1. What is your area of expertise in the construction industry and where? _____

2. How long have you worked in the construction industry? _____

3. What is your affiliation with the company? (*Principal, employee, etc.*) _____

4. Have you been accused of, charged, or liable for any claims (civil, criminal, or administrative) for work related to any license or registration issued by this jurisdiction or for work related to the building trades in any jurisdiction?
 Yes No If yes, explain:

5. Have you been named in or responsible for any entered or unsatisfied judgments, liens, and/or claims?
 Yes No If yes, explain:

6. Have you declared bankruptcy?
 Yes No If yes, explain:

7. Have you had ownership interest(s) in other companies, which have done construction work or construction consulting work within the jurisdiction of PPRBD? If so, provide names:

8. Have you had a license or registration suspended or revoked?
 Yes No If yes, explain:

9. Have you ever defaulted on a contract?
 Yes No If yes, explain:

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10. The Applicant understands that direct supervision and control include any one or a combination of the following activities: supervising, managing construction activities by making technical and/or administrative decisions, checking jobs for proper workmanship, or direct supervision on job site(s). Will you, as the qualifying individual, perform one or more of these duties?

Yes No

Applicant's Work History

Company: _____ From: _____ To: _____

Company: _____ From: _____ To: _____

Company: _____ From: _____ To: _____

CERTIFICATION (The following declaration is to be signed by the applicant/examinee)

PPRBD requires all persons seeking a license/registration to undergo a name-based judicial record check. I hereby authorize PPRBD to perform a name-based judicial record check utilizing information provided in this application. I agree and understand PPRBD may deny me a license/registration after such review in accordance with the Regional Building Code and applicable statutory requirements. If any information provided in this application is untrue, the license/registration granted to me may be automatically revoked by PPRBD in accordance with the Regional Building Code and applicable statutory requirements thereto. The review process may affect when your application is considered by Department staff or reviewed by the Licensing Committee, as applicable. (See attached Privacy Act Statement)

Applicant/Examinee's Printed Name: _____

Applicant/Examinee's Signature: _____ Date: _____



PRIVACY ACT STATEMENT

Privacy Act Statement

Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act Statement serves to inform you of the following concerning the collection of the information on this form.

A. AUTHORITY:

Collection of the information solicited on this form is authorized by Title 24 of the Colorado Revised Statutes (C.R.S.), whether or not codified. In general, see C.R.S. §§ 24-5-101, 24-50-1001 *et al.*, 24-72-301, *et al.*, including, but not limited to 24-72-305.4, 24-60-2702. For licensing, certification, or registration functions for any governmental entity, in addition to other authority conferred by law, specifically refer to C.R.S. § 24-72-305.4. For contemplated employment for certain positions with Pikes Peak Regional Building Department where confidential financial and personally identifiable information, as such is regulated by Titles 6 and 24 of C.R.S., may readily be available to a person, the information solicited by the Department is a requirement/condition to employment.

B. PURPOSE:

The primary purpose for soliciting this information is to determine the eligibility of, and whether there exists a law enforcement or security risk in permitting licensing, certification, or registration, or employment, as applicable.

C. ROUTINE USES:

The information solicited on this form may be made available as a "routine use" to other government agencies to assist the Department in making determinations about the person's eligibility for licensing, certification, or registration, as applicable, for administration purposes. The information may be made available to the State of Colorado (specific to any licensing, certification, or registration regulated by it) in the event an application is not approved, so that a determination can be made for issuance thereof.

D. CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION:

Licensing, certification, or registration by the Department may not be issued, or consideration for/an offer of employment with the Department, as applicable, may be terminated by the Department.

Last Updated: May 14, 2021