



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

## Contractor Registration 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  
Checklist of Required items for a Registration: Please be sure all boxes are checked when application is submitted.

- Contractor Registration Form**  
 Application Form - Page 1 must be completed and signed by applicant.
- Qualifying Person (Master) Designation Form** - 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 Electrical & Plumbing registrations, the qualifying person must be the master on record with DORA for the contractor.
- 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 by law 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>
- Affidavit of Lawful Presence (Qualifying Person) w/ copy of driver's license.**
- Electrical & Plumbing: Please include a copy of your state licenses. Master & State Contractors License.**
- Fire Protection, Elevator, or Manufactured Home Setter: Please include a copy of your state license.**
- City Use Tax License (to do work in the City of Pueblo) – available from [www.pueblo.us](http://www.pueblo.us) or 719-553-2659**

**Important Notice: This application must be complete and filled out entirely in order to be accepted.**  
**PLEASE CHECK ALL APPLICABLE BOXES ABOVE PRIOR TO SUBMITTAL**  
**An incomplete application may needlessly delay your license.**

All licenses expire December 31 regardless of date of application or renewal. License fees are not pro-rated.

Annual License Fees (based on Calendar Year) + Application Fee \$95.00	
Fire Protection	\$ 130.00
Plumbing Contractor	\$ 130.00
Plumbing w/Gas Piping	\$ 260.00
Pump Installation	\$ 130.00
Manufactured Home Setter	\$ 130.00
Elevator Contractor	\$ 130.00



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## Contractor Registration

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

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> <b>Electrical Contractor</b><br>Include Copy of State Licenses   | <input type="checkbox"/> <b>Plumbing Contractor</b><br>Include Copy of State Licenses | <input type="checkbox"/> <b>Plumbing Contractor w/Gas Piping</b><br>Include Copy of State Licenses |
| <input type="checkbox"/> <b>Pump Installation</b>   | <input type="checkbox"/> <b>Elevator Contractor</b><br>Include Copy of State License  | <input type="checkbox"/> <b>Fire Protection</b>  |
| <input type="checkbox"/> <b>Manufactured Home Setter</b><br>Include Copy of State License | <input type="checkbox"/> <b>Stationary Engineer</b> A    B    C    (Circle one)       |  |

### Company Information

Legal Business Name		Federal Tax ID Number	
DBA (if applicable)		<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Partnership <input type="checkbox"/> Individual Proprietor	
Physical Street Address		City	State
Mailing Address (if different)		City	State
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	

## 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	

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.

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: \_\_\_\_\_