Colorado Division of Professions and Occupations
Office of Licensing—Plumbing
1560 Broadway, Suite 1350
Denver, CO 80202
Phone: (303) 894-7800 / Fax: (303) 894-7693
www.dora.colorado.gov/professions

APPLICATION FOR ORIGINAL REGISTRATION—PLUMBING CONTRACTOR

APPLICANT INSTRUCTIONS

Basic Requirements. In order to perform plumbing contracting in the state of Colorado, you must complete a Colorado Plumbing Contractor application, pay the current registration fee, and meet the following criteria:

- You must either be, or employ as a full-time employee, a Colorado-licensed master plumber who is the responsible party for all plumbing work the company performs. The master plumber must sign an *Acknowledgment of Responsibility* form, and can only be the responsible party for one company at a time.

About the Application. This application is to be completed by you and returned to the Office of Licensing. All questions on the application are mandatory, and all supporting documents must be submitted with the application. You may copy as many forms as needed; however, each form submitted must be completed in original ink or typed. Keep a copy of the completed application for your records.

Application Expiration. Your application will be kept on file for one (1) year from date of receipt in the Division. Your file and all supporting documentation will be purged if you do not submit required documents and complete your application process in one year. You will need to resubmit a new application packet and fee after that time.

Disclosure of Addresses. Consistent with Colorado law, all addresses and phone numbers on record with the Division are public record and must be provided to the public when requested. It is your responsibility to keep your address and contact information up-to-date in our database. All letters, renewal notices, licenses, and registrations are mailed to the last known address of record. **If your address is not current, it is possible you will not receive important documents.** You can change your address online by using Online Services at www.dora.colorado.gov/professions/onlineservices.

License Expiration Grace Period for New Applicants. All new applicants who are issued a plumbing contractor registration within 120 days of the upcoming expiration date will be issued a registration with the subsequent expiration date. For example, registrations issued between May 1, 2013, and August 31, 2013, will reflect a registration expiration date of August 31, 2015. Registrations issued prior to May 1, 2013 will reflect an expiration date of August 31, 2013 and must renew in the upcoming renewal period.

- All Plumbing Contractor registrations expire on August 31 in odd-numbered years and must be renewed to continue practicing.

APPLICANT CHECKLIST

To apply for a Colorado **Plumbing Contractor** registration:

☐ **Complete the attached application.** Return the completed application and all supporting documentation to the Office of Licensing.

☐ **Enclose the non-refundable application processing fee.** See page 1 of the application form for current fees. Fees may be paid by a check or money order drawn in U.S. dollars on a U.S. bank and **made payable to *State of Colorado***. All fees are **non-refundable** and subject to change every July 1.

☐ **Attach the completed Acknowledgment of Responsibility**, signed by the Colorado-licensed master plumber who is responsible for all plumbing work the company performs.

☐ **Include a copy of your Worker's Compensation coverage certificate, if applicable**. If you have one or more employees, you must comply with the Worker's Compensation and Unemployment Compensation laws and provide proof of compliance with your application. For further information, contact:

- Division of Worker's Compensation: (303) 318-8700 / www.colorado.gov/cs/Satellite/CDLE-WorkComp/CDLE/1240336932511

☐ **If you have one or more employees and have not yet been assigned an Unemployment Insurance ID Number**, attach a copy of the application you will file/have filed with the Department of Labor and Employment. For further information, contact:

- Office of Unemployment Insurance: (303) 318-9000 / www.colorado.gov/cs/Satellite/CDLE-UnempBenefits/CDLE/1248095315461

☐ **Contact other agencies to obtain more business information, if necessary.**

- Out-of-State Corporations are required to obtain an Authority to Conduct Business in the State of Colorado from the Colorado Secretary of State's Office, (303) 894-2200.
- Colorado Corporations, Limited Liability Companies, and Limited Liability Partnerships should also contact the Colorado Secretary of State's Office, (303) 894-2200.
- For local requirements, contact the city and/or county government in the area you work.
- First-time business owners may contact the Colorado Business Assistance Center: (303) 592-5920 / http://www.cdphe.state.co.us/ap/sbap/sbap_assistancelinks.html.
- For information on obtaining a Federal Employer Identification Number (FEIN), visit the IRS website at http://www.irs.gov/businesses/small/article/0,,id=98350,00.html.

Return your completed application packet and all supporting documentation to:

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Application for Original Registration
PLUMBING CONTRACTOR
Fee: $210

The content of this application must not be changed. If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.

Fees may be paid by check or money order drawn in U.S. dollars on a U.S. bank and made payable to *State of Colorado*.

PART 1—BUSINESS INFORMATION

Company Name: Enter your company name in the blocks below, one letter or character (including commas, dashes, and apostrophes) per block. Leave the block empty for a space. Your registration will be issued with the name as it appears below.

Federal Employer Identification Number (FEIN):

Company Address: PO Box, Street:
City, State, Zip:

Daytime Telephone Number: ( )

E-mail Address:
Preferred method for communication: ☐ *Mail* ☐ *E-mail*

Company Owner(s):
List all owners (if needed, attach an additional sheet)

Corporation Name (if different from Company Name):

Incorporated In the state of:

Corporation Address: PO Box, Street:
City, State, Zip:

PART 2—MASTER PLUMBER AND EMPLOYEE INFORMATION

Master Plumber License Holder Name: Last: | First: | Middle: | Suffix:

Colorado Master Plumber License Number:

Expiration Date:

Number of employees (Do not include employees with at least 10% ownership in the company)**:**

If you indicate one or more employees above, you must comply with both the state Worker's Compensation and Unemployment laws. List the following:

Worker's Compensation Company Name:

Policy Number:

Unemployment Insurance ID Number:

ATTESTATION

I state under penalty of perjury in the second degree, as defined in C.R.S. 18-8-503, that the information contained in this application is true and correct to the best of my knowledge. In accordance with C.R.S. 18-8-501(2)(a)(I), false statements made herein are punishable by law and may constitute violation of the practice act.

Signature of Company Owner/Officer **Date**

OFFICE USE ONLY **LICENSE NUMBER:** _____ **DATE ISSUED:** _____

ACKNOWLEDGMENT OF RESPONSIBILITY
PLUMBING CONTRACTOR COMPANY

To be completed by the Colorado-licensed Master Plumber responsible for the company.

Colorado Plumbing Contractor Company Name:			
Colorado Plumbing Contractor Registration Number: (enter "pending" for a new company registration)		**Expiration Date:**	
Master License Holder Name: Last:	First:	Middle:	Suffix:
Social Security Number:		**Date of Birth:** (mm/dd/yyyy)	
Colorado Master Plumber License Number:		**Expiration Date:**	

I declare that I am an (check one): ☐ owner
—OR—
☐ employee of the above-named Colorado Plumbing Contractor company.

☐ By checking this box, I affirm that I am actively engaged in a full time capacity, and I assume responsibility for all plumbing work performed. I further agree that all work will be performed under my supervision, and will comply with all regulations of Title 12, Article 58, of the Colorado Revised Statutes and the International Plumbing Code.

I state under penalty of perjury in the second degree, as defined in C.R.S. 18-8-503, that the information contained in this application is true and correct to the best of my knowledge. In accordance with C.R.S. 18-8-501(2)(a)(I), false statements made herein are punishable by law and may constitute violation of the practice act.

Master License Holder Signature _____ **Date** _____

Statutory Authority:

Colorado Revised Statutes 12-58-105 (3)
No person, firm, partnership, corporation, or association shall operate as a plumbing contractor until such contractor has obtained registration from the board. The board shall register a plumbing contractor upon payment of the fee as provided in section 12-58-104 and presentation of evidence that the applicant has complied with the applicable workers' compensation and unemployment compensation laws of this state. In order to act as a plumbing contractor, the person, firm, partnership, corporation, association, or other organization must either be, or employ full-time, a master plumber, who shall be in charge of the supervision of all plumbing work performed by such contractor. A master plumber shall be responsible for no more than one plumbing contractor at a time. The master plumber shall be required to notify the board within fifteen days after his or her termination as a master plumber for that plumbing contractor. The master plumber is responsible for all plumbing work performed by the plumbing contractor. Failure to comply with a notification may lead to suspension or revocation of the master plumber license as provided in section 12-58-110.

*** Social Security Number Disclosure:** Section 24-34-107(1) of the Colorado Revised Statutes requires that every application by an individual for a license issued pursuant to the authority set forth in title 12, C.R.S., by the Department of Regulatory Agencies, shall require the applicant's social security number. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support under § 14-14-113 and § 26-13-126, C.R.S.; and locating an individual who is under an obligation to pay child support as required by § 26-13-107(3)(a)(I)(A), C.R.S. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Disclosure of your social security number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation for identification purposes only. Your social security number will not be released for any other purpose not provided for by law.