# 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 app	ly for a Colorado Plumbing Contractor registration:
	<b>Complete the attached application.</b> 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 <i>State of Colorado</i> . 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.
	<b>Include a copy of your Worker's Compensation coverage certificate, if applicable</b> . 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 / <a href="www.colorado.gov/cs/Satellite/CDLE-WorkComp/CDLE/1240336932511">www.colorado.gov/cs/Satellite/CDLE-WorkComp/CDLE/1240336932511</a>
	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 / <a href="https://www.colorado.gov/cs/Satellite/CDLE-UnempBenefits/CDLE/1248095315461">www.colorado.gov/cs/Satellite/CDLE-UnempBenefits/CDLE/1248095315461</a>
	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 <a href="http://www.irs.gov/businesses/small/article/0.id=98350,00.html">http://www.irs.gov/businesses/small/article/0.id=98350,00.html</a>.

# Return your completed application packet and all supporting documentation to:

Division of Professions and Occupations
Office of Licensing—Plumbing
1560 Broadway, Suite 1350
Denver, CO 80202



Lauren Larson
Director, Division of Professions and
Occupations

# IMPORTANT NOTICE

**TO**: All Applicants

**FROM**: Director of the Division of Professions and Occupations

**SUBJECT**: Licensure and Criminal History

Thank you for your interest in becoming a licensed\* professional within the Division of Professions and Occupations. Before you submit your application, please be aware of a few facts regarding criminal conduct, convictions, and disciplinary actions in other states.

The mission of the Division of Professions and Occupations is "public protection through effective licensure and enforcement." One way the Division safeguards consumers is by issuing licenses to fully qualified, competent, and ethical applicants.

During the licensing process – and depending on the specific application – the Division may ask whether you have ever been disciplined in any state, arrested, charged, convicted, or pled guilty to a crime. An arrest, subsequent criminal conviction, or disciplinary action is not an automatic disqualification from licensure. Rather, the appropriate board or program will look at the facts surrounding the criminal conduct and disciplinary action in addressing your license application. You should know that licensure is a privilege, not a right. One thing you must do to obtain the privilege is to be complete and accurate in disclosing information on your application.

Be sure to list all relevant complaints, disciplinary actions, arrests, charges, or convictions in response to the appropriate licensure questions. **Failure to fully and accurately disclose requested criminal history information, alone, could constitute grounds for denial of your application or revocation of your license.** When requested, you must include information regarding prior conduct. This remains the case when the conduct is seemingly unrelated to the activities of a profession, and when the conduct involves deferred sentences or judgments.

Remember, even following licensure, you are still required to notify your professional licensing board or program about subsequent convictions and disciplinary actions in other states.

Please be aware that the Division conducts audits of its licensing database against several criminal and national disciplinary databases. This allows the Division to verify the truthfulness of your application and track subsequent criminal and disciplinary conduct after initial licensure. Keep in mind, your license will not necessarily be revoked, or your application denied, if you have been disciplined, arrested, charged or convicted. But, you will most likely be denied or revoked if you fail to disclose requested information.

\*The word "license" is used as a general term. While most of the professions and occupations are licensed, others may be registered, certified, or listed. For precise terminology and requirements related to a profession or occupation, please consult the website of the appropriate board or program.



**Colorado Department of Regulatory Agencies**Division of Professions and Occupations 1560 Broadway, Suite 1350 Denver, CO 80202

# Licensee/Applicant Full Legal Name

	2. Control of the con						
	Last			First	Middle	Suffix	
Со	Colorado Professional or Occupational License/Certification/Registration Number:(if already licensed)						
Pro	ofessional or Occup	oational Licen	se/Certific	cation/Registration type app	olying for:		
			AFF	IDAVIT OF ELIGIBILIT	Y		
				LL applicants for original licer required to complete and sign		ing or reinstating a	
*The liste	e word "licensure" is used d. For precise terminolog	l as a general term y and requirement	. While most s related to a	of the professions and occupations a profession or occupation, please co	are licensed, others may be cer nsult the website of the approp	tified, registered, or iate board or program.	
		Sect	ion A: LA\	WFUL PRESENCE in the Un	ited States		
1.				cceptable secure and verifiab d. Complete documentation r			
2.	2. I am <u>not a U.S. citizen</u> , but I am <u>lawfully</u> present in the U.S. and <u>authorized</u> by the Department of Homeland Security to be employed in the U.S. Check <u>one</u> of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.						
3.	3. I am not physically present in the U.S. under 8 U.S.C. sec. 1621 (c)(2)(c) or employed in the U.S. pursuant to 8 U.S.C. sec. 1621 (c)(2)(a). Check one option, a or b below, then skip to Section C. (Do not complete Section B.)						
				lly present or employed in the I hysically present or employed			
				CURE AND VERIFIABLE DO this section if you checke			
	•	Name of state			d TOTZ III Section A.	Expiration	
G	overnment Issued Identification	or federal age	ency that	Full name as shown on o		•	
	Driver's license or permit	100000 1110 0	<u>ocamont</u>	nooned or state/rederarie	Saca IS Italiasi	(mm/ad/yyyy)	
	Government issued ID card						
	Valid U.S. military ID/common access card						
	Colorado Department of Corrections inmate ID						
	Tribal ID card						
	U.S. passport						
	Certificate of Naturalization						

	Section B: SECURE	AND VERIFIABLE D		itiriueu <i>j</i>		
	Name of state agency				Expiration	
Government Issued	or federal agency that	Full name as shown on driver's		License/ID	Date	
Identification	issued the document	license or state/fe	deral issued ID	Number	(mm/dd/yyyy)	
Certificate of (U.S.) Citizenship						
☐ Valid Temporary Resident card						
Valid I-94 issued by Canadian government						
Valid I-94 with refugee/asylum stamp						
☐ Valid I-766 (Employ	☐ Valid I-766 (Employment Authorization Card)  Issuing federal agency:					
Name	on card	Alien Number (A#)	Card Number	Valid from (mm/dd/yyyy)	Expires (mm/dd/yyyy)	
☐ Valid I-551 (Reside	nt Alien or Permanent Resid	dent Card)	Issuing federal a	agency:		
Name on card		Alien Number (A#)	Country of birth	Card expires (mm/dd/yyyy)	Resident since (mm/dd/yyyy)	
		,		(	(**************************************	
☐ Valid foreign passp	ort with an unexpired visa w	vith proper classification	n for work authoriza	ation, and an unex	pired I-94	
			Visa Class		1	
Issuing foreign country	Passport Number	Visa Number	(ex.: J-1, P-1, H-1B, etc.)	Date of entry (mm/dd/yyyy)	Until date (mm/dd/yyyy)	
			, ,	(**************************************	(**************************************	
☐ Valid foreign passport	ort bearing an unexpired "P	rocessed for I-551" sta	mp or with an attac	ched unexpired "Te	mporary I-551"	
Issuing foreign countr	y:		Passport Number	er:		
	5	Section C: ATTESTA	TION			
<ul> <li>I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec. 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States when asked as well as submission of a secure and verifiable document. I may also be required to provide proof of lawful presence.</li> </ul>						
<ul> <li>I understand that in accordance with sections 18-8-503 and 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law. I state under penalty of perjury in the second degree, as defined in 18-8-503, C.R.S. that the above statements are true and correct.</li> </ul>						
<ul> <li>I am the person identified above and the information contained herein is true and correct to the best of my knowledge. I understand that under Colorado law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.</li> </ul>						
<ul> <li>I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.</li> </ul>						
Print Full Legal Name						
Signature (Full Name)			Date		<del></del>	

OFFICE USE ONLY

LICENSE NUMBER:

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—BUS	INESS INFORMATI	ON				
<b>Company Name:</b> 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:				
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 PO Box, Street:						
Address: City, State, Zip:						
PART 2—MASTER PLUMBE	ER AND EMPLOYEI	E INFORMATION	V			
Master Plumber License Holder Name: Last:	First:	N	Middle:	Suffix:		
Colorado Master Plumber License Number:		Expirati	Expiration Date:			
Number of employees (Do not include employees with a	at least 10% owners	hip in the compar	ny):			
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:	Unemployn	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						

**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):  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			ate			

## 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.

<sup>\*</sup> 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)(l)(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.