

GENERAL CLASS CONTRACTOR LICENSING PACKET

TELLER COUNTY BUILDING DEPARTMENT

Email: cdd@tellercounty.gov • P: 719-687-3048 • www.tellercounty.gov/Building-Division

COMPANY INFORMATION

Legal Business Name: _____

DBA (if applicable) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Corporation Limited Liability Company (LLC) Partnership Individual / Sole Proprietor

Company's area of construction: _____

Type of work: Residential Commercial

Do you have employees: Yes No Do you have worker's compensation? Yes No

Were you previously licensed in Teller County? Yes No Contractor ID Number: _____

Company's principal officers, partners, or owners (pg. 6 offers additional lines if required):

Printed Name and Title: _____

Signature _____ Date: _____

Printed name and title: _____

Signature _____ Date: _____

CHECKLIST OF REQUIRED ITEMS

- 1. Company and examinee/qualifier information completed. (page 3)
- 2. Project history. (page 4)
- 3. Reference form for examinee/qualifier from architect or engineer. (page 5)
- 4. Copy of current driver license.
- 5. Current copy of Colorado trade/business name registration.
- 6. Certificate of Liability Insurance. (Additional information on page 2)
 - Certificate must show the legal business name as the insured and must include the assumed name as DBA name.
 - Description of trade check box should state the type of contractor license applying for.
 - Certificate holder must be: Teller County Building Department,
800 Research Dr. Ste. 100-B, Woodland Park, CO 80863
- 7. Certificate of Worker's Compensation or notarized waiver. (Additional information on page 2)
Worker's Compensation Rejection website: <https://cdle.colorado.gov/resources/forms> Click on Forms, then click on Forms by number.
- 8. Additional specific requirements for individual contractor licenses. (Additional information on page 2)
 - ICC Certification • Letter of Good Standing from a bank • Letter of Good Standing from a major supplier.

Application fee is \$100.00. The Building Department will call to collect payment or if mailing application you may send a check. Payment of application fee does not constitute the granting of a license. Contractor dues is based on the license being obtained. Payment for contractor dues will be collected after appearing before and receiving approval from the Board of Review.

TELLER COUNTY USE ONLY

Existing Contractor ID Number: _____

Building Official Approval

APPLICATION FEE PAID - Yes No

Receipt # _____

REQUIREMENTS FOR CONTRACTOR LICENSES

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REQUIREMENTS FOR ALL CONTRACTOR LICENSES:

- \$100.00 application fee.
- Copy of examinee's current driver license.
- Current copy of Colorado trade/business name registration dated within past two years.

Per Section 102.g of the TCBC

- Proof of Liability Insurance. Must contain a Cancellation Clause.
- Proof of Worker's Compensation Insurance OR waiver if there are NO employees.

REQUIREMENTS FOR GENERAL CLASS CONTRACTOR LICENSES:

Building General Contractor - Class A, Class B, Class B-1, Class C, Class C-1

| | |
|--|--|
| Annual Licenses fee | <ul style="list-style-type: none">• Class A - \$200.00• Class B - \$175.00• Class B1 - \$150.00• Class C - \$125.00• Class C1 - \$100.00 |
| 1 letter of reference (page 5) | <ul style="list-style-type: none">• Must be signed within last 3 years• 1 letter of reference from an Engineer or Architect. |
| Two (2) letters of good standing | <ul style="list-style-type: none">• 1 letter of good standing from bank.• 1 letter of good standing from a major building material supplier. |
| Liability Insurance | <ul style="list-style-type: none">• \$500,000 / \$1,000,000 public liability & \$100,000 property damage |
| Proof of I.C.C. Certification Per Section 102.e. of the TCBC | <ul style="list-style-type: none">• If examinee/qualifier hold equivalent license in El Paso County/ PPRBD license can be provided in lieu of proof of I.C.C. Certification |
| Appearance at the Board of Review Per Section 103.A.1 of the TCBC | <ul style="list-style-type: none">• Must have complete application provided to Board of Review by deadline |

Online exams available at: <https://www.iccsafe.org/contractor>

Exam numbers used: Building Class A - G11
Building Class B & B1 - G12
Building Class C & C1 - G13

Worker's Compensation Rejection*** website: <https://cdle.colorado.gov/resources/forms>
Click on Forms, then click on Forms by number; Forms must be notarized & submitted to the State.

EXAMINEE / QUALIFIER INFORMATION

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License: General Class A Class B Class B1 Class C Class C1

The information provided below will be used by the Department staff members to determine if you meet the licensing requirements. The examinee/qualifier will be the designated license holder for the contractor's license with the Teller County Building Department. **Only one (1) applicant and contractor's license holder is allowed per license with the Teller County Building Department.**

Examinee/Qualifier Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Name of Contractor/Company you are qualifying for: _____

Position with the company: _____

Examinee / Qualifier Signature _____ Date: _____

PROJECT HISTORY

TELLER COUNTY BUILDING DEPARTMENT

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The following projects must have been performed or supervised by Examinee/Qualifier.

1. Project Date: _____ Type of construction: Residential Commercial Occ. Type: _____

Address: _____

Project Cost: _____ Position on project: _____

Describe job in detail: _____

2. Project Date: _____ Type of construction: Residential Commercial Occ. Type: _____

Address: _____

Project Cost: _____ Position on project: _____

Describe job in detail: _____

3. Project Date: _____ Type of construction: Residential Commercial Occ. Type: _____

Address: _____

Project Cost: _____ Position on project: _____

Describe job in detail: _____

4. Project Date: _____ Type of construction: Residential Commercial Occ. Type: _____

Address: _____

Project Cost: _____ Position on project: _____

Describe job in detail: _____

Examinee Signature: _____ Date: _____

REFERENCE REQUEST

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The application for a license is under consideration. As a reference listed by the applicant, your response is important in assessing this individual's qualifications for the requested contractor's license. Information should be based on your knowledge of the applicant's work on a project. References may NOT be provided by provided by a current employee of the applicant or partner, relatives, or sub-contractors.

Please complete and sign this form and return to the applicant. If you have any questions, please contact our Office at 719-687-3048. Your assistance and opinions are valued.

Applicant Name: _____

Business Name: _____

License Type Requested: _____ Project Dates: Start: _____ Finaled: _____

Project Address: _____

Permit # (if applicable): _____ Type: Residential Commercial

If commercial, what was the "use": Office Retail Church Restaurant

Other: _____

What is your relationship to the applicant? _____

How long have you known applicant? _____

What was the applicant's position on this project? _____

What trade or work was performed on this project? _____

What is your opinion of the applicant's performance on the project? _____

If direct employment, what was the applicants position/work done? _____

Do you recommend granting the requested license to this applicant and company? Yes No

Additional comments: _____

CONTACT INFORMATION

Name: _____

Address: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

OFFICERS AND AUTHORIZED ASSOCIATES

TELLER COUNTY BUILDING DEPARTMENT

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Complete the following form to make known any Officer and Authorized Associates.

1. Name: _____ Officer Associate

Job Title: _____

Phone Number: _____ Email: _____

Signature: _____

2. Name: _____ Officer Associate

Job Title: _____

Phone Number: _____ Email: _____

Signature: _____

3. Name: _____ Officer Associate

Job Title: _____

Phone Number: _____ Email: _____

Signature: _____

4. Name: _____ Officer Associate

Job Title: _____

Phone Number: _____ Email: _____

Signature: _____

5. Name: _____ Officer Associate

Job Title: _____

Phone Number: _____ Email: _____

Signature: _____

6. Name: _____ Officer Associate

Job Title: _____

Phone Number: _____ Email: _____

Signature: _____