## Pikes Peak REGIONAL Building Department

## Fire Suppression Contractor License Application

Contractors must be licensed by Pikes Peak Regional Building Department ("PPRBD") prior to consulting for, contracting for, or performing work that requires a permit. Review the type of work to be performed with the contractor descriptions listed below. (Pikes Peak Regional Building Department Code, as amended, Sections RBC207, RBC208)

If necessary, discuss your licensing needs with Colorado Springs Fire Department, Construction Services at (719) 385-5982 + Option 2. PPRBD processes licensing applications, registrations, and certifications on behalf of Colorado Springs Fire Department.

## Fire Suppression A (Contractor) (FSC-A)

This license shall authorize the contractor to design, install, add to, alter, service, repair, maintain, test, and inspect water-based fire suppression and standpipe systems of all types, including their necessary control, alarm and detection components, as well as retrofit existing systems with backflow prevention devices. The license shall also authorize the contractor to obtain permits from the Fire Authority for said services. This license does not authorize the contractor to make connection to or alter a building fire alarm system. (RBC207.4)

## Fire Suppression B (Company or Dealer) (FSC-B)

This license shall authorize the contractor/dealer to install, add to, alter, service, repair, maintain, test and inspect portable fire extinguisher appliances, engineered and pre-engineered special hazard fire suppression systems including their necessary control, alarm, and detection components. The license shall also authorize the contractor/dealer to obtain permits from the Fire Authority for said services. (RBC207.5)

## Fire Suppression C (Portable Fire Extinguisher - Contractor/Dealer) (FSC-C)

This license shall authorize the contractor/dealer to inspect, service, recharge, repair, maintain, install and hydrostatically test portable fire extinguisher appliances. (RBC207.6)

## Fire Suppression D (Portable Fire Extinguishers - Privately Owned Commercial, Industrial, and Institutional) (FSC-D)

This license shall authorize the company or organization to inspect, service, recharge, repair, maintain and install portable fire extinguisher appliances which are the property of or under the care and control of the applicant. (RBC207.7)

## Fire Suppression H (Fire Hydrant - Privately Owned) (FSC-H)

This license shall authorize the contractor to perform services associated with the maintenance, testing, and inspection of private fire hydrants. (RBC207.8)

## Fire Suppression M (Multipurpose Fire Sprinkler Systems - Contractor) (FSC-M)

This license shall authorize the contractor to install, add to, alter, service, repair, maintain, test, and inspect multipurpose fire sprinkler systems. The license also shall authorize the contractor to obtain permits from the Fire Authority for said services. (RBC207.9)

## The items listed below are required for consideration of your license application:

$\square$ Application form - Must be filled out completely or the application will not be accepted.
$\square$ A non-refundable $\$ 50$ application/processing fee is due at the time the application is submitted.
*The fee is payable by cash, check, or credit card.
$\square$ Copy of current Driver License or photo ID card issued by a state or federal government.
$\square$ Attach all licenses, registrations, and certifications held by the company and the applicant.
$\square$ Resume (documentation of work experience FSC-A and FSC-M require 5 years; FSC-B requires 3 years, and FSC-C, -D, or -H require 2 years).
$\square$ Letter from principal, manager, or owner that at least one responsible managing employee (RME) is a permanent, exclusive, full-time employee of the company.
$\square \quad$ Liability Insurance Certificate.
*The contractor business name designated on your insurance certificate and in your license application must match the Colorado Secretary of State records EXACTLY. If you are contracting for work under tradename(s), the tradename(s) must also be included on your insurance certificate and in your contractor license/registration/certification application, as applicable.
*Required minimum insurance levels are listed in Section RBC201.7 of the Pikes Peak Regional Building Code. A certificate of insurance for liability is required for all contractors performing construction consulting or construction work covered by the Pikes Peak Regional Building Code within the jurisdiction of the Department. A certificate of insurance for worker's compensation is also required if the contractor has any employees and is not exempt from the Colorado State Statute requirements. If the contractor is exempt, the contractor must provide documentation from the State of Colorado. When providing certificates of insurance, "Pikes Peak Regional Building Department" is required to be listed as the certificate holder. The Department does not need to be listed as an additional insured.
At the time of application, an approved cylinder requalification facility may be required to provide proof of liability insurance equal to that required of the applicant.
$\square$ Workers' Compensation Certificate or Rejection of Coverage from the State of Colorado. (www.colorado.gov)
$\square$ Certificate of Good Standing from the State of Colorado. (www.sos.state.co.us)
$\square$ Certification (see certification requirements below).
$\square$ See attached Privacy Act Statement.
*Please Note:
A name-based judicial record check will be performed by PPRBD. The name-based judicial record review process may affect when your application will be reviewed by the Fire Board of Appeals.
*Electronic License Applications can also be submitted online at www.pprbd.org/Licensing/Application.

## Fire Suppression Contractor License Application

## Certification Requirements

| PPRBD License Type | Certification |
| :--- | :--- |
| (FSC-A) Fire Suppression <br> Contractor A | Minimum Level III or IV by National Institute for Certification in <br> Engineering Technologies (NICET) or be licensed by the State of <br> Colorado as a Professional Engineer (PE). |
| (FSC-B) Fire Suppression <br> Contractor B | Current certification(s) from each manufacturer of special hazard <br> systems that the applicant is qualified to install and service. The <br> certification(s) must be maintained throughout the license year. <br> Current registration as an approved cylinder requalification facility <br> with U.S. Department of Transportation or a contract with an outside <br> cylinder requalification facility registered with the U.S. Department <br> of Transportation. <br> Letter verifying that minimum equipment requirements for <br> portable/fixed systems are satisfied. |
| (FSC-C) Fire Suppression <br> Contractor C | Current registration as a cylinder requalification facility with U.S. <br> Department of Transportation or a contract with an outside cylinder <br> requalification facility registered with the U.S. Department of |
| Transportation. |  |
| Letter verifying that minimum equipment requirements for |  |
| portable/fixed systems are satisfied. |  |

## Fire Board of Appeals

The Fire Board of Appeals reviews and grants license requests. The application form, attachment of requirements, and application fee must be complete and reviewed by the Fire Authority before the license request is placed on the Fire Board of Appeals' agenda. The deadline to have the complete application and all required documents turned in is two (2) weeks prior to the Fire Board of Appeals meeting, which occurs on the second Friday of each month.

## License Issuance

Within sixty (60) days of the Fire Board of Appeals' decision to grant a license, the examinee must obtain the license. (This license is granted by the Fire Authority and issued by PPRBD.) After sixty (60) days, an unclaimed license is voided and the entire application file is discarded. Work cannot be solicited, contracted for, or performed until the license is issued.

## Fire Suppression Contractor License Application

## Insurance Requirements

A Certificate of General Liability and Workers' Compensation or Workers' Compensation Rejection of Coverage are required in accordance with the Pikes Peak Regional Building Code, Section RBC201.7.1. (See https://www.pprbd.org/Licensing/InsuranceRequirements)

## License Fees

License fees are paid before license issuance. Fees are NOT prorated for a portion of the year. The annual license fee is payable by cash, check, or credit card to Pikes Peak Regional Building Department.

| (FSC-A) Fire Suppression Contractor A | $\$ 125$ |
| :--- | :--- |
| (FSC-B) Fire Suppression Contractor B | $\$ 100$ |
| (FSC-C) Fire Suppression Contractor C | $\$ 75$ |
| (FSC-D) Fire Suppression Contractor D | $\$ 50$ |
| (FSC-H) Fire Suppression Contractor H | $\$ 75$ |
| (FSC-M) Fire Suppression Contractor M | $\$ 50$ |

## License Expiration \& Renewal

Licenses are valid for twelve (12) months from the date of issuance and expire on the last day of the month in which the license was issued. The date of issuance does not change regardless of a late renewal or other factors. (RBC201.10.1)

## Fire Suppression Contractor License Application

FIRE SUPPRESSION CONTRACTOR LICENSE REQUESTED (check one)

| RBD USE ONLY |
| :--- |
| Date: |
| Initials: |
| Receipt \#_ |
| RBD \# |

## Business Information

Type of Entity (Check one) $\quad \square$ Individual $\square$ Partnership $\quad \square$ Corporation $\square$ LLC $\square$ Other

Business Name: (DBAs):
(The business name is the name that will appear on the license 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) $\qquad$
Business Address:

|  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| City |  |  | Apt./Unit \# |
| State |  | Zip Code |  |

Business Phone: $\qquad$ Business E-Mail:
Business Fax: Business Website: $\qquad$
Company's Principals or Owners:

Name:
Name:
$\qquad$ Title:
Title:

1. Number of years company has operated as a contractor (if new, write "new"): $\qquad$
2. Has the company ever held a fire contractor license, registration, or certification before? If so, list the ID\# and jurisdiction(s):
3. Contractor type of work (check one or both, if applicable)
4. Has this company or any other entity you have been or are associated with been named in or responsible for any entered and unsatisfied judgements, liens, and/or claims against it?
〇Yes $\bigcirc$ No If yes, explain:

## Fire Suppression Contractor License Application

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, registration, or certification issued by this jurisdiction or for work related to the building trades in any jurisdiction?
$\bigcirc \mathrm{Yes}$
No If yes, explain:
6. Has the company changed its name and/or assumed the business and/or assets of another company?
$\bigcirc$ Yes $\bigcirc$ No If yes, explain:
7. Has the company ever had a license, registration, or certification suspended or revoked?
$\bigcirc$ Yes $\bigcirc$ No If yes, explain:
8. Has the company ever defaulted on a construction consultation and/or construction contract?

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

Licenses, Registrations, or Certificates Held by the Company

| Jurisdiction | License, Registration, or <br> Certification Type | License, Registration, or <br> Certificate Number |
| :---: | :---: | :---: |
|  |  |  |
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|  |  |  |

## Project History (Projects in which Company worked as the Contractor)

1. Project Street Address:

Type of work: (check one) $\square$ Residential
Commercial
Permit Number:

Occupancy Classification: $\qquad$ Size: $\qquad$ Type of Construction: $\qquad$ Project Cost: $\qquad$ Describe project in detail: $\qquad$

## 2. Project Street Address:

Type of work: (check one) $\square$ Residential
Commercial
Permit Number:
Occupancy Classification: $\qquad$ Size: $\qquad$ Type of Construction: $\qquad$ Project Cost:
Describe project in detail: $\qquad$
3. Project Street Address:

Type of work: (check one) $\square$ Residential
Commercial
Permit Number:

Occupancy Classification: $\qquad$ Size: $\qquad$ Type of Construction: $\qquad$ Project Cost: $\qquad$
Describe project in detail: $\qquad$

## 4. Project Street Address:

Type of work: (check one) $\square$ Residential $\square$ Commercial
Permit Number:
Occupancy Classification: $\qquad$ Size: $\qquad$ Type of Construction: $\qquad$ Project Cost:

Describe project in detail: $\qquad$

## 5. Project Street Address:

Type of work: (check one) $\square$ Residential $\square$ Commercial
Permit Number:

Occupancy Classification: $\qquad$ Size: $\qquad$ Type of Construction: $\qquad$ Project Cost: $\qquad$
Describe project in detail:
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 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 for which this application is made and for which the work is governed by the City of Colorado Springs Fire Prevention Code and Standards. (See attached Privacy Act Statement)

Representative Printed Name:
Signature of Representative:
Date:

## Fire Suppression Contractor License Application

## Responsible Managing Employee (RME) Information

RME's Legal Name:
Last

First

Date of Birth: $\qquad$ Social Security Number: $\qquad$
Residence Address: $\qquad$
Apt./Unit \#
Number / Street Only - No P. O. Boxes or PBM's
$\square$ City $\frac{\text { CO }}{\text { State }}$

RME's Home Phone: $\qquad$ RME's Cell Phone: $\qquad$
RME's Office Phone: $\qquad$ RME's Fax: $\qquad$
RME's E-mail Address: $\qquad$

1. What is your area of expertise in the industry? $\qquad$
2. How long have you worked in the industry? $\qquad$
3. What is your affiliation with the company? (owner, partner, employee, etc.) $\qquad$
4. Have you been accused of, charged, or liable for any claims for work (civil, criminal, or administrative) related to any license, registration, or certification issued by this jurisdiction or for work related to the building trades in any jurisdiction?
$\bigcirc$ Yes $\bigcirc$ No If yes, explain:
5. Have you ever had a license, registration, or certification suspended or revoked?

Yes $\bigcirc$ No If yes, explain:
6. I, the undersigned RME, do hereby submit application for the stated contractor's license as the RME (Responsible Managing Employee) or Licensee for the company named herein. I do hereby expressly represent and warrant that I am acting in capacity of the RME/Licensee of said company; and I hereby agree to accept the responsibilities for said company's and my own actions in connection with the contractor's license that may be granted. Further, I represent, warrant and certify my permanent, exclusive, full-time employment with the company. (RBC207.2)Yes $\square$ No

RME Certifications

| NICET \# | NICET Level | Expires |
| :---: | :---: | :---: |
|  |  | Expires |
| P.E. \# | Issued |  |
| D.O.T. \# | Issued | Expires |
|  |  |  |

CERTIFICATION (The following declaration is to be signed by the RME)
PPRBD requires all persons seeking a license 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 a license may be denied after review in accordance with the Pikes Peak Regional Building Code or statutory requirements, as applicable. If any information provided in this application is untrue, the license granted to me may be automatically revoked in accordance with the Pikes Peak Regional Building Code or statutory requirements thereto, as applicable. (See attached Privacy Act Statement)

RME's Printed Name:
RME's Signature:
Date: $\qquad$

## Fire Suppression Contractor License Application

Licensee Information
Licensee's Name:

Date of Birth:
$\longrightarrow$ Last

First
M.I.

Suffix

Residence Address: $\qquad$
Apt./Unit \#

Number / Street Only - No P. O. Boxes or PBM's

|  | City |  |
| :--- | :--- | :--- |
| SO |  |  |
| Zip Code |  |  |

Licensee's Home Phone: $\qquad$ Licensee's Cell Phone: $\qquad$
Licensee's Office Phone: $\qquad$ Licensee's Fax: $\qquad$
Licensee's E-mail Address:

1. What is your area of expertise in the industry? $\qquad$
2. How long have you worked in the industry? $\qquad$
3. What is your affiliation with the company? (owner, partner, employee, etc.) $\qquad$
4. Have you been accused of, charged, or liable for any claims (civil, criminal, or administrative) for work related to any license, registration, or certification issued by this jurisdiction or for work related to the building trades in any jurisdiction?
$\bigcirc$ Yes $\bigcirc$ No If yes, explain:
5. Have you ever had a license, registration, or certification suspended or revoked?
$\bigcirc$ Yes $\bigcirc$ No If yes, explain:
6. I, the undersigned Licensee, do hereby understand that direct supervision and control includes any one or a combination of the following activities: supervising, managing construction activities by making technical and/oradministrative decisions, checking jobs for proper workmanship, or direct supervision on job sites. Will you, as the qualifying individual, perform one or more of these duties?
O yes $\mathrm{O}^{\text {no }}$

Licensee Certifications

| NICET \# | NICET Level | Expires |
| :---: | :---: | :---: |
|  |  | Expires |
| P.E. \# | Issued |  |
| D.O.T. \# | Issued | Expires |
|  |  |  |

CERTIFICATION (The following declaration is to be signed by the Licensee)
PPRBD requires all persons seeking a license 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 a license may be denied after review in accordance with the Pikes Peak Regional Building Code or statutory requirements, as applicable. If any information provided in this application is untrue, the license granted to me may be automatically revoked in accordance with the Pikes Peak Regional Building Code statutory requirements thereto, as applicable. (See attached Privacy Act Statement)

Licensee Printed Name:
Licensee Signature:
$\qquad$
$\qquad$ Date: $\qquad$


## 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. § 24-72305.4. 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.

