

CONTRACTOR QUALIFICATIONS FOR LICENSURE

Licenses will be issued after the following requirements are met:

1. Submission of a completed license application including education, experience and address sections. All signatures in the application must be notarized. Applications shall be submitted to the Building Inspector or his duly authorized representative.
2. Receipt of separate certificate applications for all plumbers, electricians, mechanical installers, gasfitters, and water treaters and supporting documentation.
3. Submission of license fees and certificate fees to City of Great Bend.
4. Submission of certificate of insurance and/or surety bond meeting City of Great Bend license requirements.
5. Verification of minimum age (18) by picture identification.
6. Verification of education (if used to compile minimum years of experience).

Licensing requirements for minimum years of practical and related experience are attached for Class A-H.

Related accredited training or education within the scope of the license desired may account for up to one year of the required years of practical experience.

All experience requirements include, but are not limited to construction foreman, job superintendent, contractor, designer, engineer or architect.

PLEASE PROVIDE TESTING DATA AND CONTINUED EDUCATION UNITS.

CITY OF GREAT BEND, KANSAS
APPLICATION FOR CONTRACTOR'S LICENSE

APPLICATION DATE: _____

Please check one license type. Separate applications are required for different license types.

*Requires proof of passing exam of 75% from Prometric or ICC.

*Building Contractor License New: \$120.00 Renewal: \$80.00
General Contractor (A) Building Contractor (B) Residential Contractor (C)

*Skilled Trade License New: \$120.00 Renewal: \$80.00
Plumbing (includes Gas & WT) Mechanical Electrical

*Roofing Contractor License New: \$75.00 Renewal: \$50.00
Roofing Unlimited (D) Roofing Limited Residential (E)

Limited License New: \$75.00 Renewal: \$50.00
Excavation Sign Foundation
Small Remodels Siding/Gutters/Windows Swimming Pool
Concrete/Flatwork Fencing Masonry
Other _____

Other Licenses New: \$75.00 Renewal: \$50.00
Demolition Contractor (Class G) House Move (Class H)

**ALL LICENSES EXPIRE JUNE 30TH AND ARE NOT PRORATED. FEES DO NOT INCLUDE CERTIFICATE FEES, PLAN FEES OR PERMIT FEES.

BUSINESS NAME: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____
TELEPHONE: _____ FAX: _____
EMAIL ADDRESS: _____

RESIDENT SUPERVISOR'S NAME: _____
LOCAL/HOME ADDRESS: _____
CITY, STATE, ZIP: _____
TELEPHONE: _____

LIST ALL PARTNERS OR CORPORATION OFFICERS INCLUDING THE QUALIFIED PERSON FOR CORPORATE LICENSES WHEN NOT AN OFFICER OF THE CORPORATION:

Table with 3 columns: NAME AND POSITION, ADDRESS, TELEPHONE. Includes three rows of blank lines for data entry.

1. Has the business or any member of the firm ever held a contractor’s license or been a member of a firm so licensed in the City of Great Bend?

Yes _____ No _____

If yes, state name and address of licensee, type of license held and periods covered.

2. State in detail (or attach) education information, construction qualifications, and experience of each member of the firm, as well as, the resident supervisor to be in charge of work: _____

3. State name, address and phone number of three job references associated with the respective trade being applied for along with the job description: _____

4. Certificate of Insurance and Surety Bond – All licenses require current certificate of insurance on file at all times except Class H House Mover. (Information sheet available.) City of Great Bend surety bonds are required for Class G Demolition Contractor and Class H House Mover.

Certificate of Insurance: Issued By _____
Policy No. _____

Surety Bond: Issued By _____
Bond No. _____

5. Certificate Required: Certificates are required for all employees working for an electrical mechanical or plumbing contractor, as well as, uncertified employers. Each employee is to complete a certificate application. Certificate fees are additional to licensing, plan review, and permit fees. (Separate applications and information sheet available. Testing may be required.)

Name of Certificated Master _____
Type of Certificate _____
Expiration Date _____

WARNING: Statements made in this application are subject to verification. False or misleading statements may be cause for disapproval of the application.

I hereby certify that the statements contained herein are true to the best of my knowledge and belief. I understand a false statement in answering questions on this application is justification for revocation of a license.

NOTE: An individual must sign this application personally. A partnership application must be signed and acknowledged by each member. A corporation application must also be signed by an officer of the corporation legally authorized to sign corporate documents.

BUSINESS NAME _____

APPLICANT'S
SIGNATURE _____ TITLE _____
(Qualified Person)

SIGNATURE _____ TITLE _____
(Partner)

SIGNATURE _____ TITLE _____
(Partner)

SIGNATURE _____ TITLE _____
(Corporation Officer)

State of _____
County of _____

On this _____ day of _____, 20____, he/she/they personally appeared before me whose identity I proved on the basis of satisfactory evidence or proved on the oath/affirmation of _____, a credible witness to be the signer of the above instrument, and he/she/they acknowledged that he/she/they executed it.

Subscribed and sworn to before me, a notary public in and for the County and State aforesaid.

Notary Public

My commission expires _____
(Stamp & Date)