



General Contractor License Application

Development Services Division

620 SE Madison - Unit 6, Topeka, Kansas 66607-1118

Office # 785-368-3905

Licensing Fax # 785-368-0944

licensing@topeka.org

Date of Application

Date Received

Type	License Description	Qty	New Fee	Total
R1CO	Residential Contractor		203.00	
G1CO	General Contractor I		253.00	
G2CO	General Contractor II		453.00	
BCCO	Concrete Contractor		153.00	
DMCO	Demolition Contractor		153.00	
EVCO	Elevator Contractor		153.00	
EXCO	Excavation Contractor		153.00	
FRCO	Framing Contractor		153.00	
SPCO	Swimming Pool		153.00	
FACO	Fire Alarm Contractor		153.00	
FSCO	Fire Sprinkler Con.		153.00	
RFCO	Roofing Contractor		153.00	

City of Topeka does not prorate fees and no refunds will be issued for any licenses.

Amount of Purchase \$

Qualifying Party Name:

Address #1: _____ Work Phone #: _____
 Address #2: _____ Cell Phone #: _____
 City: _____ State: _____ Apt. or Lot #: _____
 Email address: _____ Zip: _____
 Birth Date: _____ SS #: _____ DL #: _____

Business Name:

Business Address: _____
 City: _____ State: _____ Zip: _____
 Website Address: _____ Business Phone #: _____
 Tax ID#: _____ Fax #: _____

Business Owner Info:

Home Address: _____ Work Phone #: _____
 City: _____ State: _____ Home Phone #: _____
 Email Address: _____ Cell Phone #: _____
 Birth Date: _____ SS #: _____ DL #: _____

Credit Card Payment Information

VISA V-code _____
 Discover _____
 M/C Zip _____

Card #: _____

Expiration Date: _____

Signature: _____

Roofing Contractors must submit your Roofer Registration Certificate Number _____

All Qualifying Party license holders who are employed with a R1CO, G1CO, G2CO Contractor are required to earn (8) hours of continuing education each year in order to keep their license active.

Contractor's are required to have a current Certificate of Insurance on file with the City of Topeka to request permits or inspections. Failure to meet this requirement will cause your license to be inactive. A \$30.00 charge is required to reinstate your license providing you have shown continuous coverage.

For Office Use

General Contractor's Applications

ICC Examinations for General Contractor's

Exam ID: 550 Class A = Kansas Standard General Building Contractor – unlimited stories.

Exam ID: 551 Class B = Kansas Standard Building Contractor – up to 3 stories.

Exam ID: 552 Class C = Kansas Standard Residential Building Contractor – Residential only.

Exam ID: 553 Roofing = Kansas Roofing Contractor.

Exam ID: 367 Concrete = Kansas Concrete Contractor.

To Schedule an Exam

Contact Pearson View at 1-877-234-6082 to register to take an exam or you may register on-line by accessing their website at www.pearsonvue.com. There are multiple locations available for testing. Please tell Pearson View the above Exam ID#'s are **"Unauthorized"**. All examinations require a 75% + passing score.

Alternative Educational Certificates Accepted

The City of Topeka will accept an official transcript for at least (30) hours of coursework from an accredited school in Construction Science, Engineering, or Architectural Degrees. A copy of your college degree or transcript is required. The individual with these credentials will be the Qualifying Party associated with your company and is required to be working for your company full time.

Exams by Prometric, Thomson-Prometric, Experior, NAI-Block, and Block can be submitted with your application; however it will be reviewed for compliance. A test score of 75% + is required with documentation.

Important Information

All licenses must be renewed each year by the 14th of December to avoid late fees. Contractor's with Class A, B, or C, licenses are required to obtain (8) hours of continuing education each year in order to renew their licenses with the City of Topeka.

Roofing Contractors

Roofers are now regulated by the Kansas Attorney General. As a result, you must provide a “roofer registration certificate number” from the Kansas Attorney General and include it on your application before you can be licensed with the City of Topeka. You must renew your registration certificate number yearly with the Kansas Attorney General’s office. For more information refer to the below website.

<http://ag.ks.gov/in-your-corner-kansas/resources/roofing-registration>

Certificates of Insurance

Is a requirement for your license to remain current with the City of Topeka. Our office must receive an updated copy to assure your license does not become inactive. After an industry standard (30) day grace period has passed a \$30.00 reinstatement fee will be required in order to reinstate your license if a current certificate of insurance or workers compensation has not been provided to Development Services. We accept certificates of insurance by fax send to 785-368-3915, email to dsaccounts@topeka.org, you may mail us a current copy or you may hand deliver your new certificate to our office.

Change of Address Notification

Is the Licensee’s responsibility to notify Development Services of any changes a \$10.00 return mail fee will be charged to the contractor license if notices or license renewals have been returned. The US Postal Service does not forward the City of Topeka’s mail. You may contact our office at (785)368-3905 to make any changes between 8:00 am – 5:00 pm Monday – Friday except Holidays.

Continuing Educational Hours – Training Calendar

To view a list of upcoming CEU Classes please access our website at: www.topeka.org, Click on Government, Click on Development Services, and Click on Permits, Inspections & Licensing, and scroll down the Training information for Contractors CEU’s.

Select a class that will fill your licensing needs in order to renew your license with the City of Topeka.

Licensing Process

Along with all completed forms include your Passing Certification from ICC or alternative Education with your application.

Please note your license application can take up to 10 days for processing. If information is left blank, information is missing or forms are not with your application your application will be delayed. Please refer to the friendly checklist to assure your license application is not delayed.

Please include your Certificate of Liability Insurance and Workers Compensation with your application. List the following in the Certificate Holder Section: City of Topeka, Development Services, 620 SE Madison Unit 6, Topeka, KS. 66607-1118

If you are not required to have State of Kansas Workers Compensation coverage please access our website at www.topeka.org and download an affidavit that best describes your company. Click on Government, Click on Development Services, Click on Contractor License Information. This document must be witnessed by a notary public. Please include this affidavit with your application. You may **Fax** your application and all documents to (785)368-0944 or **e-mail** to licensing@topeka.org. If you have any questions you may contact Kitty directly at (785)368-1616.

Payment

We accept the following credit cards (VISA, MC, or Discover). There is an area on the application for you to complete this portion for payment.

If you are paying by check, money order or cashier checks make payable to: City of Topeka.

If we have received all the forms in your application we will process your license(s) and they will be mailed to the address on your application along with a receipt of payment.

Once your license(s) are completed you may pull the appropriate permits and begin work within the City of Topeka.

Important Payment Information

Please note the City of Topeka does not prorate license fees. The full amount of the license fee will apply. City of Topeka's contractor licensing period is from the date your license is processed until the 14th of December of that year. **There will be no prorated fees and no refunds will be issued for any licenses.**

Contacts with Development Services

To apply for Building Permits please contact the Permit Department directly at (785)368-3704.

To Schedule Inspections

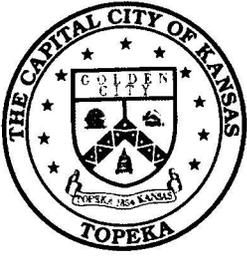
To schedule inspections please contact Development Services at (785)368-3905, between the hours of 8:00 am – 4:00 pm Monday - Friday. For your convenience you may schedule inspections by fax at 785-368-3915. For all other questions you may contact Customer Service at (785)368-3905 between the hours of 8am – 5:00 pm expect Holidays.

****All trade Contractors are required to be licensed and pull permits to work in City of Topeka****



Friendly Check List

- General Contractors License Application
- Exam Certification or Educational Certification with Transcripts
- Qualifying Party Verification Form
- Renovate Right Form
- General Liability Certificate of Insurance
- Workers Compensation Certificate of Insurance
- Affidavit of Workers Compensation if applicable
- Certificate of Insurance Acknowledgement form



CITY OF TOPEKA

Division Director
Planning Department
Development Services
 620 SE Madison Unit 6
 Topeka, KS 66607-1118

Richard Faulkner, Director
 Email: rfaulkner@topeka.org
 Tel: (785) 368-3905
 Fax: (785) 368-3915

Qualifying Party Verification

I, _____ certify that I am the Qualifying Party for _____.
 Name of Qualifying Party Name of Company

I am responsible for any or all work performed by this company to meet and or comply with current building codes.

Please check the box that applies to your area of responsibility

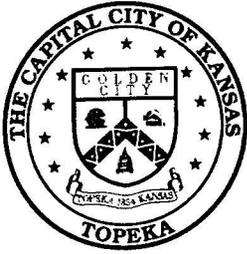
R1CO	G1CO	G2CO	Concrete	Demolition	Elevator
Excavation	Fire Alarm	Fire Sprinkler	Framing	Roofing	Swimming Pool

I understand it is my responsibility to contact the Development Services office at (785) 368-3905 in the event my employment is terminated with the company listed above.

 Signature of Qualifying Party

 Date

This document is required to be submitted with every new application and Qualifying Party changes



CITY OF TOPEKA

**Division Director
Planning Department
Development Services**
620 SE Madison Unit 6
Topeka, KS 66607-1118

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CONTRACTOR CERTIFICATION THAT OCCUPANT OF PRE 1978 PROPERTY HAS BEEN PROVIDED A "RENOVATE RIGHT" PAMPHLET

I, the undersigned mechanical, plumbing, or electrical trade contractor, or commercial or residential contractor, shall provide the occupant of any residence located in the City of Topeka, which was originally constructed before 1978 and for which I obtained a permit for performing work, with a copy of the United States Environmental Protection Agency pamphlet titled, "**Renovate Right.**"

I, the undersigned understand that failure to provide the referenced pamphlet to an occupant may result in the suspension or revocation of my contractor license.

Contact the National Lead Information Clearinghouse at 1-800-424-LEAD (5323)
www.epa.gov/getleadsafe.com
Ask for stock number EPA-740-K-10-001.

This form is required to be signed and returned to the Development Service Office
In order for your contractor license to be issued.

Contractor Business Name

Signature

Printed Name

Date



CITY OF TOPEKA

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Planning Department
Development Services
620 SE Madison Unit 6
Topeka, KS 66607-1118

Richard Faulkner, Director
Email: rfaulkner@topeka.org
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Fax: (785) 368-3915

Dear Contractor,

Re: **Certificate of Insurance**

In order for your contractor license to remain active with the City of Topeka it is a requirement to provide Development Services with a current Certificate of Insurance or Workers Compensation or your license will become inactive.

After a 30 day grace period (industry standard) has passed a \$30.00 reinstatement fee will be required in order to reinstate your license if Development Services has not been provided a current Certificate of Insurance or Workers Compensation showing the updated expiration date. Certificate of insurances may be faxed to 785-368-3915, emailed to dsdaccounts@topeka.org, mailed directly to our office, or you may hand deliver your updated certificate to Development Services located at 620 SE Madison St on the 3rd floor.

We understand that you may have paid your insurance premiums to your insurance company and your insurance is not actually expired with your insurance company but if Development Services does not receive a CURRENT Certificate of Insurance or Workers Compensation from you or your insurance company by the (30) day grace period the \$30.00 reinstatement fee will be required.

Moving forward this fee will not be waived. This is the Contractors responsibility to provide Development Services with an updated General Liability or Worker Compensation insurance certificate in order for your company to pull permits or schedule inspections within the City of Topeka. When you were originally licensed with the City of Topeka we informed you of this policy verbally and in writing in the licensing packet you filled out to become a contractor.

At the end of each year when you receive your contractor license renewal forms to renew your license for the following year at the bottom right hand corner it is listed what dates your Certificate of Insurance and Worker Compensation Insurance expires. If that date has already expired when you receive your contractor license renewal forms you must provide us with a current Certificate of Insurance and a \$30.00 fee or your license will not be renewed. **Please note** we do not accept any Certificate of Insurance or Worker Compensation unless your **company name** is listed on the Certificate of Insurance or Worker Compensation. See below how your insurance company must list us as the certificate holder.

Certificate Holder Information

City of Topeka
Development Services
620 SE Madison St Unit 6
Topeka, KS 66607-1118

Acknowledge this Policy by dating & signing below

Date

Contractor Business Name

Acknowledgement signed by



ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
00/00/0000

PRODUCER Insurance Agency Name Street Address City, State, Zip Code Phone# Fax#	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Contractor's Business Name Business Street Address City, State, Zip Code	INSURER A: INSURANCE COMPANY NAME	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS												
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		00/00/0000	00/00/0000	EACH OCCURRENCE \$ 000,00.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 000,00.00 MED EXP (Any one person) \$ 000,00.00 PERSONAL & ADV INJURY \$ 000,00.00 GENERAL AGGREGATE \$ 000,00.00 PRODUCTS - COMP/OP AGG \$ 000,00.00												
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$												
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$												
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$												
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER		00/00/0000	00/00/0000	<table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> <td></td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td></td> <td>\$ 000,000.00</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td>\$ 000,000.00</td> </tr> <tr> <td>DISEASE - POLICY LIMIT</td> <td></td> <td>\$ 000,000.00</td> </tr> </table>	WC STATUTORY LIMITS	OTHER		E.L. EACH ACCIDENT		\$ 000,000.00	E.L. DISEASE - EA EMPLOYEE		\$ 000,000.00	DISEASE - POLICY LIMIT		\$ 000,000.00
WC STATUTORY LIMITS	OTHER																
E.L. EACH ACCIDENT		\$ 000,000.00															
E.L. DISEASE - EA EMPLOYEE		\$ 000,000.00															
DISEASE - POLICY LIMIT		\$ 000,000.00															

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Residential Contractor, General Contractor I, II, Roofing, Excavating, Concrete, Demolition, Framing, ETC.
 (List what type of Contractor you are Licensed as with the City of Topeka)

CERTIFICATE HOLDER CITY OF TOPEKA DEVELOPMENT SERVICES 620 SE MADISON ST UNIT 6 TOPEKA, KS 66607-1118	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE INSURANCE AGENT'S SIGNATURE
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