



**Trade Contractor & Master - License Application**  
 Development Services Division  
 620 SE Madison - Unit 6, Topeka, Ks. 66607-1118  
 Office # 785-368-3905      [licensing@topeka.org](mailto:licensing@topeka.org)  
 License Fax # 785-368-0944

License Type

Trade License Categories

Electrical	Mechanical	Plumbing	Solid-Fuel	Water Softener	Lawn Irrigation
Contractor					
Master					

Qty	Ea.	New	Office Use
	@	253.00	
	@	103.00	

**License will not be processed if information is incomplete**

Designated Master:

Name:

Address:

City

Apt or Lot #

Birth Date

State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Social Security # \_\_\_\_\_

Home Ph# \_\_\_\_\_  
 Cell Ph# \_\_\_\_\_  
 Business Ph# \_\_\_\_\_  
 Drivers Lic # \_\_\_\_\_

Business Name:

Business Address:

City

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone#

E-Mail Address:

Business Owner Info:

Birth Date

Social Security #

Owners Home Address

City

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Fax# \_\_\_\_\_  
 Federal I.D.# \_\_\_\_\_

Home # \_\_\_\_\_  
 Cell # \_\_\_\_\_  
 Drivers Lic # \_\_\_\_\_

Apt or Lot # \_\_\_\_\_  
 Zip Code \_\_\_\_\_

Date of Application \_\_\_\_\_  
 Date Application was received \_\_\_\_\_

**Total \$** \_\_\_\_\_  
**Credit Card Payment Information**

Visa \_\_\_\_\_ ZIP \_\_\_\_\_  
 Discover \_\_\_\_\_  
 M/C \_\_\_\_\_ V-Code \_\_\_\_\_

Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Amount of Purchase \$ \_\_\_\_\_

Signature: \_\_\_\_\_

**Note:** 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 become inactive. **A \$30.00 charge to reinstate your license will be required provided you show proof of continuous coverage.**

**Master license holders are required to earn (6) continuing education hours a year. Minimum of (3) hours of trade related is required.**  
**Late Fees will apply to all license renewals if postmarked after the 14th of December.**

## Trade Contractor's Applications

Master and Journeyman Applicants: must show proof of receiving a passing score of 75% + from one of the following testing agencies - Block, NIA-Block, Exporior, Thomson-Prometric or Prometric.

**(Exam information must include the Test Date, Sponsor, Location, and Score.)**

If you have taken an exam from the ICC (International Code Council) you must provide the City of Topeka with a notarized **time in trade** and proof of passing the exam with a 75% + score. The time in trade form is included in this packet. The ICC exam must be comparable to the standard exams given by Prometric for the City of Topeka. **(Exam information must include the Test Date, Sponsor, Location, and Score.)**

### Allowable Exam Types

Standard Master Electrical, Standard Journeyman Electrical, Standard Unlimited Air Conditioning Master, Standard Air Conditioning Journeyman, Standard Sheet Metal Journeyman, Standard Master Plumbing with Gas, Standard Journeyman Plumbing with Gas.

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Apprentices: are required to be licensed to work in the City of Topeka. Apprentices are not to be left at the worksite alone. They must work under the direct supervision of a Master or Journeyman while on the worksite at all times.

**Work Ratio: Electrical 1-1, Mechanical 1-2, Plumbing 1-1.**

Work Ratio is strongly enforced: all trade persons are required to have the appropriate identification and a current City of Topeka license for their trade when carded by a City of Topeka Inspector or they will be asked to leave the worksite and not allowed to return until they have the appropriate documentation.

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### To Schedule an Exam

Applications to take the Standard Master or Standard Journeyman exam can be obtained by contacting the Development Services Office at 620 SE Madison, Topeka, Kansas, 66607-1118 or contact Customer Service 785-368-3905.

Submit the completed packet of information to take the Prometric Exam with a \$50.00 non-refundable payment for trade board review. The sponsor signed application will be returned to you to forward your paperwork to Prometric and schedule your test date. Prometric will send you a letter of time and location of your exam. The first time issuance of your license by the City of Topeka will be at no charge to you. Renewal fees will apply the deadline of December 14<sup>th</sup> each year.

Effective 11-09-2009 **City Ordinance #119330** requires a re-test charge of \$20.00 to be paid to Development Services. Once the fee has been paid you will receive a new signed and dated Prometric Exam Registration Form in order to retake the test with Prometric. You will be required to pay another test fee directly to Prometric.

To take the ICC Exam register directly with Pearson View by phone at 1-877-234-6082 or to register on-line please log on to their website at [www.pearsonvue.com](http://www.pearsonvue.com) or [www.iccsafe.org](http://www.iccsafe.org). There are multiple locations available to take the test. City of Topeka requires all examinations to have a passing score of 75% +.

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### **Important Information**

All City of Topeka licenses must be renewed each year by December 14<sup>th</sup> to avoid late fees. *Attention* Trade Contractor's your designated master or journeyman are required to obtain (6) hours of continuing education a year to qualify for renewal with the City of Topeka **(3) hours of continuing education must be earned in their trade.**

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### **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 [dsdaccounts@topeka.org](mailto:dsdaccounts@topeka.org), you may mail us a current copy or you may hand deliver your new certificate to our office.

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### **Change of Address Notification**

It is the license holder's responsibility to notify Development Services of any changes a \$10.00 return mail fee will be charged to the licensee or contractor if any 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 Opt #3 to make any changes between 8:00 am – 5:00 pm Monday – Friday except Holidays.

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### **Continuing Educational Hours – Training Calendar**

To view a list of upcoming CEU Classes please access our website at: [www.topeka.org](http://www.topeka.org), Click on Government, Click on Development Services, and Click on Permits, Inspections & Licensing for Contractor 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 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 on the back page 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](http://www.topeka.org) and download an affidavit that best describes your company. Click on Government, Click on Development Services, Click on Contractor License Information, you will see the affidavits. 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](mailto:licensing@topeka.org). If you have any questions you may contact Kitty at (785)368-1616.

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## Payment

We accept the following credit cards for payment (VISA, MC, or Discover). There is a place 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.

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## 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 14<sup>th</sup> of December of that year. **There will be no prorated fees and no refunds will be issued for any licenses.**

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## To Schedule Inspections

To schedule inspections please contact us at (785)368-3905, between the hours of 8:00 am – 4:00 pm. For all other questions you may contact Customer Service at (785)368-3905 between the hours of 8:00 am – 5:00 pm except Holidays.

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



\_\_\_\_\_  
Applicant's Name

# Educational History

Past and Current Educational Training Relevant to Trade(s)

## Vocation / Trade School Training:

**School:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Courses Completed:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**School:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Courses Completed:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Must Include a Copy of the Certificate of Completion**



# 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](mailto:rfaulkner@topeka.org)  
Tel: (785) 368-3905  
Fax: (785) 368-3915

## **Master Verification**

I \_\_\_\_\_ certify that I am the Designated Master and I am a full-  
Name of Designated Master  
time employee for: \_\_\_\_\_ and I am responsible for all  
Name of Company Licensed with COT  
code specific trade work.

**Please check the box that applies to your area of responsibility**

Electrical	Mechanical	Plumbing	Lawn Irrigation	Water Softener	Solid Fuel
<input type="checkbox"/>					

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 Designated Master

\_\_\_\_\_  
Date

This document is required to be submitted with every new application and Designated Master changes



# CITY OF TOPEKA

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

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

**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](http://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.

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Contractor Business Name

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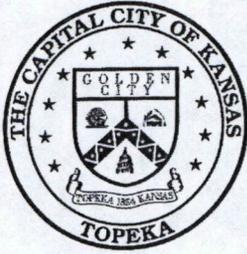
Signature

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Printed Name

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Date



# 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](mailto:rfaulkner@topeka.org)  
Tel: (785) 368-3905  
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 [dsaccounts@topeka.org](mailto:dsaccounts@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 3<sup>rd</sup> 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

<b>PRODUCER</b> 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.	
	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b> 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	<b>GENERAL LIABILITY</b>		00/00/0000	00/00/0000	EACH OCCURRENCE \$ 000,00.00
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 000,00.00
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				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
		GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			
	<b>AUTOMOBILE LIABILITY</b>				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	<b>EXCESS/UMBRELLA LIABILITY</b>				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>		00/00/0000	00/00/0000	WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$ 000,000.00
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$ 000,000.00
	<b>OTHER</b>				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

## CANCELLATION

CITY OF TOPEKA  
 DEVELOPMENT SERVICES  
 620 SE MADISON ST UNIT 6  
 TOPEKA, KS 66607-1118

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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



### **Friendly Check List**

- Trade Contractor License Application
- Exam Certification with a passing score of 75% or above
- Master 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