

Trade Contractor License(s) Application for the City of Topeka

Development Services Division

620 SE Madison - Unit 6, Topeka, Ks. 66607-1118

jfilby@topeka.org

krcarr@topeka.org

Office # 785-368-3905-Opt.#3,

License Fax # 785-368-0944

Inspection/Permit Fax # 785-368-3915

Date of Application

License Type Trade License Categories

Electrical	Mechanical	Plumbing	Mob Hm	Solid-Fuel	Gas Fitter	Water Softner	Lawn Irrigation	Class B

Contractor

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Master

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Applicant is to complete all information below to process license.

Designated Company Master:

Name:

Address: _____
 City _____ State _____

Home Phone # _____
 Apt. or Lot # _____
 Zip Code _____

Birth Date

_____ Social Security # _____

Drivers Lic. _____

Contractor to complete information below

Business Name:

Business Address:

City _____ State _____ Zip Code _____

Business Owner Info.

Birth Date

_____ Social Security # _____

Home # _____

Drivers Lic. _____
 Federal I.D.# _____

Owners Home Address

City _____ State _____ Zip Code _____

Total

Visa/MasterCard Payment Information

VISA V-Code _____
 Discover M/C _____

Zip Code _____

Card #: _____

Expires: _____

Amount of Purchase: _____

Signature: _____

Business Phone # _____

Cell Phone # _____

Fax # _____

E-Mail Address: _____

Master or Journeyman license holders are required to earn (6) continuing education hours a year. Maximum Health or Safety hours earned = (3) hours.

Late Fees will apply to all license renewals if postmarked after the 14th of December.

Note: Contractor's are required to have a current Certificate of Insurace 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. T-2 6-21-11

Master, Journeyman, Apprentice License Application - City of Topeka

Development Services Division

620 SE Madison - Unit 6, Topeka, Ks. 66607-1118

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Office # 785-368-3905-Opt.#3, License Fax # 785-368-0944 Inspection/Permit Fax # 785-368-3915

License Type	Trade License Categories							
	Electrical	Mechanical	Plumbing	Mob Hm	Solid-Fuel	Gas Fitter	Water Softner	Lawn Irrigation

Master								
Journeyman								
Apprentice								
Back Flow								

Backflow applicant must show proof of state certification
Proof of Backflow re-certification exam must be provided to this office every (3) years to renew.

List Name below for: Master, Journeyman or Apprentice

Name:	
Address:	Home Phone #
City	Apt. or Lot #
State	Zip Code
Birth Date	Social Security #
	Drivers Lic.

List the Name of the Company you work for:

Business Name:	
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Master's and Journeyman applicants must show proof of receiving a passing grade of 75%+ from one of the following testing agencies; Block, NIA-Block, Exporior, Thomson-Prometric, Prometric. (This information must include the Test Date, Sponsor, and Score.)

Master's and Journeyman having received a passing grade of 75%+ from (ICC) International Code Council in your trade must provide the City of Topeka with Proof of Time in Trade and proof of passing the exam. (This information must include the Test Date, Sponsor, and Score.)

Apprentices must register with the City of Topeka. They must work under the direct supervision of a Journeyman or Master. They are not to be left alone at the worksite.

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

Date of Application

Qty	Ea.	New	Office Use
	@	103.00	
	@	53.00	
	@	33.00	
	@	53.00	
Total			

Visa/MasterCard Payment Information

<input type="checkbox"/> VISA <input type="checkbox"/> V-Code _____ <input type="checkbox"/> Discover <input type="checkbox"/> M/C Zip Code _____
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Card #: _____

Expires: _____

Amount of Purchase: _____

Signature: _____

Business Phone #	
Cell Phone #	
Fax #	

E-Mail Address: _____

Master or Journeyman license holders are required to earn (6) continuing education hours a year. Maximum CEU's for Health or Safety hours earned = (3) hours.
Late Fees will apply to all license renewals if postmarked after the 14th of December.

Trade Contractor's

Master, Journeyman, and Apprentice Applications

Acceptable examination results for Master's and Journeyman".

Master's and Journeyman applicants: must show proof of receiving a passing grade of 75%+ from one of the following testing agencies; Block, NIA-Block, Exporior, Thomson-Prometric, Prometric. (Exam information must include the Test Date, Sponsor, Location, and Score.)

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

Allowable Exam Types: Master Electrical, Journeyman Electrical

Unlimited Air Conditioning (Master), Air Conditioning Journeyman, Sheet Metal Journeyman,

Master Plumbing with Gas, Journeyman Plumbing with Gas

Apprentices must register with the City of Topeka. They must work under the direct supervision of a Journeyman or Master. They are not to be left alone at the worksite.

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

Work Ratio is enforced. All tradesmen are to have the appropriate identification and license for their trade when carded by an inspector.

To Schedule an Exam:

Applications to take the Master or Journeyman exam can be obtained by contacting the Development Services Office at 620 SE Madison, Topeka, Kansas, 66607-1118. Or call customer Service 785-368-3905 Opt. # 3.

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 will be at no charge to you. Renewal fees apply by deadline of December 14th.

To take the ICC Exam for Trades you can contact www.iccsafe.org or contact Pearson View 1-877-234-6082 for registration by phone or go to their website www.pearsonvue.com to register on-line. There are multiple locations available for testing.

All examinations require a 75%+ passing score.

Important Information

All licenses must be renewed by 14th of December to avoid late fees. Attention Trade Contractor's your designated master's or journeyman are required to obtain (6) continuing education hours a year to qualify for renewal with the City of Topeka. A maximum of (3) hours can be earned in Safety/Health classes, the other (3) hours must be earned in your trade.

Certificates of insurance are required to remain current and a copy provided to this office to avoid your license becoming inactive. After an industry standard (30) day grace period has passed, a \$30.00 reinstatement fee will be required to re-activate your license if a certificate of insurance is not provided to this office on or before the date of expiration. We will accept certificates of insurance by fax, e-mail, or mail.

Change of address notification is a responsibility of the contractor. A \$10.00 return mail fee will be charged to the contractor if notices or license renewals are returned. Please notify us of any change in address as the Postal Service does not forward our mail. Call (785) 368-3905 #3.

Continuing Educational Hours – Training Calendar

To view offered CEU Classes click on our website Click on = www.topeka.org, Click on A-Z, Click on License-Contractor, Click on Training Calendar for Contractors CEU's.

Look for classes that will fill your needs to qualify for your yearly renewal with the City of Topeka.

Licensing Process

Complete all forms

Include your Passing Certification and Certificate of Insurance with packet. Complete all forms.

Include your Certificate of Liability Insurance with packet. Certificate Holder Section must read as follows: City of Topeka, Development Services, 620 SE Madison Unit 6, Topeka, Ks. 66607

If you are not required to have State of Kansas Workers Compensation Coverage then access our website and download an affidavit. Sign, Notarize and include in fax. Go to our website: www.topeka.org, Click on A-Z, Click on License-Contractor, in the middle of the screen and download the appropriate document that applies to your business. Submit this document with your application as well. Fax all documents to 785-368-0944 or e-mail to lfilby@topeka.org. Contact 785-368-1616 if you have any questions.

PAYMENT

You can pay for your license with a credit card (VISA, MC, or Discover). There is a place on the application for you to complete this portion.

If all is correct, the license(s) will be created and mailed with credit card receipt.

You will receive an e-mail when license(s) are completed and you are ready to start work.

Contacts with Development Services

You can contact this office to apply for Building Permits @ 785-368-1631.

Plan Reviewer = Fran Hug 785-368-1613 or fhug@www.topeka.org

Plan Reviewer = Craig Thornburg 785-368-1612 or cthornburg@topeka.org

To schedule an inspection for next day inspection with Kitty call 785-368-3905 Opt. 1,
Hours 8am – 4:00 pm. Customer Service Questions = 785-368-3905 Opt. 3.

Once license is issued – remember to call for you
Permits and Inspections that will eventually include
your final and Certificate of Occupancy if required.

***** All trade contractors are to be licensed and
pull permits to do work in City.**

Please list permit # if issued. Check Type of Request.

Permit # _____ Permit ___ Inspection ___

Building	Electrical	Mechanical	Plumbing	Solid Fuel	Mobile Home	CGI	Lawn Irrigation
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Address of Job:

Apt./Mobile Hm
Court Main
Address

Please Circle the Trade Types that apply to this request.

Residential	New/Rem	Commercial:	New/Rem
Please Circle:		Commercial Project Name-->	Instructions for Inspector-->

Apt. #, Floor or Suite # _____

Main Address must be provided for multiple addresses in any complex.

Access to Building

Please Circle one of the following or add additional information

Lock Box # _____	Open	Vacant	Key Located _____
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"Very Important - Please Read"
Schedule Inspections with your customers
A.M. Inspection = After 9:00 By 11:30
P.M. Inspection = After 1:00 by 4:00

What kind of work are you going to do at this location?
What kind of inspection do you need?

Contractor Name:

_____ Phone # _____

Would like City to inspect on -> -> ->

Date: _____ A.M. P.M.

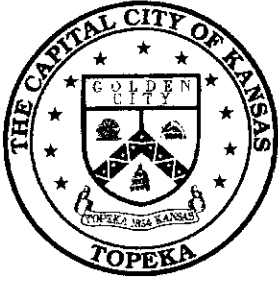
Call Plumbing Inspector at least (1) hour before you are ready for sewer or water service installations.

Must provide commercial costs for projects not requiring a Bldg. Permit

Plumbing Inspector Cell Phone Numbers:
Bruce Pfeiffer #806-0161 Terry Canady # 806-0163

Inspector Assigned to Job: _____ Date Scheduled _____

Service Fees	City	Commercial Job Cost:	\$ _____
Re-Inspection: corrections/no access	\$50.00	Commercial Job Cost Reference	Ck Box _____ City _____
On-site Counsel "no-permit"	\$50.00	Commercial Permit w/o Bldg. Permit - < \$200K	\$100.00
Time or Same Day Inspection	\$50.00	Commercial Permit w/o Bldg. Permit - \$200K-\$500K	\$500.00
Fire Alarm Test/Insp. per Inspector	\$50.00	Commercial Permit w/o Bldg. Permit - > \$500K	\$1,000.00
Fax Requests must be received before 3:30 p.m. to be on next day schedule!		A/C - Self Inspection Sheet	\$20.00
		Water Heater - Self Inspection Sheet	\$20.00
		Re-statement of License: Failure to provide C Of I-Pay Bills by Deadline or Notify Change of Address.	\$30.00



CITY OF TOPEKA

Development Services
620 SE Madison Unit 6
Topeka, KS 66607-1118
Tel: (785) 368-3905-#3



Miriam Berke, Manager
Email: mberke@topeka.org
Fax: (785) 368-3915
www.topeka.org

Master Verification

I _____ certify that as a designated master, I am a full-
Name of Mater

time employee for _____ and responsible for all code specific
trade work. Name of Company Licensed with COT

"Sign below and complete only the area that applies to your license type"

Please Circle the following trade that applies to your area of responsibility:

Electrical	Mechanical	Plumbing	Mobile Home	Lawn Irrigation	Gas Fitting	Solid Fuel	Water Softener
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I understand it is my responsibility to contact the Development Services Office @ 785-368-3905 Opt # 3 in the event my employment is terminated with this company.

Signature of Designated Master

Date

This document to be submitted with
new application or license renewals



CONTRACTOR CERTIFICATION
THAT OCCUPANT OF PRE 1978 PROPERTY HAS BEEN PROVIDED A
“PROTECT YOUR FAMILY FROM LEAD IN YOUR HOME” 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 obtain a permit for performing work, with a copy of the United States Environmental Protection Agency pamphlet titled, “Protect Your Family from Lead in Your Home.” I understand that failure to provide the referenced pamphlet to an occupant may result in the suspension or revocation of my contractor license.

Signature of Contractor

Printed Name of Contractor

Company Name –Licensed with City

Date

Contact the EPA for pamphlets # 785-368-7154
1000 SW Jackson, Suite 330
Topeka, KS 66612

This form must be signed and returned to the Development Service Office for
your contractor license to be issued

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE REISSUED
00/00/00

PROVIDER
INSURANCE AGENCY NAME
ADDRESS
CITY, STATE ZIP CODE
PHONE & FAX NUMBERS

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.

INSURED
CONTRACTOR'S BUSINESS NAME
BUSINESS ADDRESS
CITY, STATE ZIP CODE

INSURERS AFFORDING COVERAGE
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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
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"/> PROJ. <input type="checkbox"/> LOC	POL#xyz0000000	00/00/00	00/00/00	EACH OCCURRENCE \$ 000,000.00 DAMAGE TO REPORTED PREMISES (Per occurrence) \$ 000,000.00 MED EXP (Any one person) \$ 000,000.00 PERSONAL & ADV INJURY \$ 000,000.00 GENERAL AGGREGATE \$ 000,000.00 PRODUCTS - COMP/OP AGG \$ 000,000.00
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTOS <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 (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EX-ACCIDENT \$ OTHER THAN AUTO ONLY: EAACC \$ AGE \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
CARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EX-ACCIDENT \$ OTHER THAN AUTO ONLY: EAACC \$ AGE \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				WE SHALL: BOTH \$ PER LIMITS PER \$ EL EACH ACCIDENT \$ 000,000.00 EL DISEASE - EX EMPLOYEE \$ 000,000.00 EL DISEASE - POLICY LIMIT \$ 000,000.00
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROMOTION/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? Even if insured under SPECIAL PROVISIONS below	ONLY AS REQUIRED BY KANSAS LAW POL#xyz0000000	00/00/00	00/00/00	
OTHER				

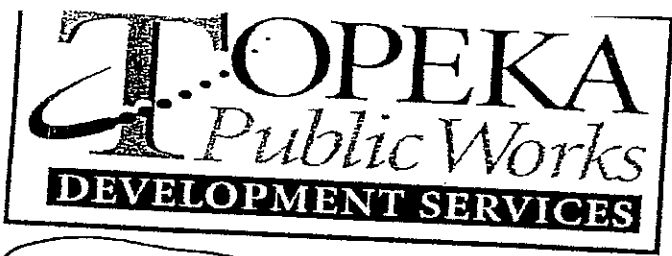
*SAMPLE
C of I
Please be sure all areas circled are completed. Thank you.*

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 RESIDENTIAL CONTRACTOR, GENERAL CONTRACTOR I, II, ROOFING, EXCAVATING, ETC. (WHATEVER THE CONTRACTOR IS LICENSED TO DO)

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 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY ON ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE
 SIGNATURE OF INSURANCE AGENT

2/16/09



Application Due by the First of the Month

Date Received _____
Approved by (Initials) _____
Date Mailed or _____
Given to Applicant _____

*Complete if you
Passed an ICC-Trade
Exam*

BOARD REVIEW

Application for Examination

(Print or Type Only)

Applicants Name _____

Date of Application _____

The fee for this application is ~~\$50.00~~ which is non-refundable. (~~Retest is \$20.00~~)

Check

Cash

Receipt # _____

All NITC/IAPMO, Prometric or ICC examination will require the applicant to pay a testing fee to the appropriate testing agency at the time of submittal.

Type of Examination Requested: _____

Applicants mailing address (print only)

Street _____

Apt. No. _____

City _____

State _____

Zip _____

Home Phone _____

Cell Phone _____

Work Phone _____

Last Six (6) Digits of Social Security Number _____

Date of Birth _____

Do you currently have a trade license? Yes No

If yes, what type of license: _____

When was your licensed issued? _____

Month _____ Year _____

Have you taken this examination previously?

Yes No

Month _____ Year _____

Applicant's Signature _____

Applicant's Name

Employment History

Past and Current Employment Relevant to Required Experience

Employer: _____

Address: _____

Time with Employer: _____

Years

Months

Telephone () _____

To be completed by Employer:

Type of work done by applicant: _____

I attest that the applicant performed the above work:

Employer's Signature

Employer's License & License Number

Signature of Notary

Employer: _____

Address: _____

Time with Employer: _____

Years

Months

Telephone () _____

To be completed by Employer:

Type of work done by applicant: _____

I attest that the applicant performed the above work:

Employer's Signature

Employer's License & License Number

Signature of Notary

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