

**ACKNOWLEDGEMENT OF RESPONSIBILITY  
PLUMBING CONTRACTOR COMPANY**

To be completed by the Colorado-licensed Master Plumber responsible for the company.

|  |               |                                       |                |
|--|---------------|---------------------------------------|----------------|
| <b>Colorado Plumbing Contractor Company Name:</b>  |               |                                       |                |
| <b>Colorado Plumbing Contractor Registration Number:</b><br>(enter "pending" for a new company registration)   |               | <b>Expiration Date:</b>               |                |
| <b>Master License Holder Name: Last:</b>   | <b>First:</b> | <b>Middle:</b>                        | <b>Suffix:</b> |
| <b>Social Security Number:</b>   |               | <b>Date of Birth:</b><br>(mm/dd/yyyy) |                |
| <b>Colorado Master Plumber License Number:</b>   |               | <b>Expiration Date:</b>               |                |
| <b>I declare that I am an (check one):</b> <input type="checkbox"/> owner<br><b>—OR—</b><br><input type="checkbox"/> employee of the above-named Colorado Plumbing Contractor company.   |               |                                       |                |
| <input type="checkbox"/> By checking this box, I affirm that I am actively engaged in a full time capacity, and I assume responsibility for all plumbing work performed. I further agree that all work will be performed under my supervision, and will comply with all regulations of Title 12, Article 58, of the Colorado Revised Statutes and the International Plumbing Code. |               |                                       |                |
| <b>I state under penalty of perjury in the second degree, as defined in C.R.S. 18-8-503, that the information contained in this application is true and correct to the best of my knowledge. In accordance with C.R.S. 18-8-501(2)(a)(I), false statements made herein are punishable by law and may constitute violation of the practice act.</b>                                 |               |                                       |                |
| _____<br>Master License Holder Signature   |               | _____<br>Date                         |                |

**Statutory Authority:**

**Colorado Revised Statutes 12-58-105 (3)**

*No person, firm, partnership, corporation, or association shall operate as a plumbing contractor until such contractor has obtained registration from the board. The board shall register a plumbing contractor upon payment of the fee as provided in section 12-58-104 and presentation of evidence that the applicant has complied with the applicable workers' compensation and unemployment compensation laws of this state. In order to act as a plumbing contractor, the person, firm, partnership, corporation, association, or other organization must either be, or employ full-time, a master plumber, who shall be in charge of the supervision of all plumbing work performed by such contractor. A master plumber shall be responsible for no more than one plumbing contractor at a time. The master plumber shall be required to notify the board within fifteen days after his or her termination as a master plumber for that plumbing contractor. The master plumber is responsible for all plumbing work performed by the plumbing contractor. Failure to comply with a notification may lead to suspension or revocation of the master plumber license as provided in section 12-58-110.*

**\* Social Security Number Disclosure:** Section 24-34-107(1) of the Colorado Revised Statutes requires that every application by an individual for a license issued pursuant to the authority set forth in title 12, C.R.S., by the Department of Regulatory Agencies, shall require the applicant's social security number. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support under § 14-14-113 and § 26-13-126, C.R.S.; and locating an individual who is under an obligation to pay child support as required by § 26-13-107(3)(a)(I)(A), C.R.S. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Disclosure of your social security number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation for identification purposes only. Your social security number will not be released for any other purpose not provided for by law.