



Contractor Licensing  
281 N College Ave. P.O. Box 580  
Fort Collins, CO 80524  
Phone 970-416-2740 Fax 970-224-6134  
[www.fcgov.com/nbs/contractor.php](http://www.fcgov.com/nbs/contractor.php)

## **SPECIALIZED TRADE CONTRACTOR APPLICATION – ALARM SYSTEMS**

Business Name of License Holder: \_\_\_\_\_

License Holder Name (if desired): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone#: \_\_\_\_\_ Mobile#: \_\_\_\_\_ FAX#: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Credential Category ( *✓ one only – see Contractor Packet for specific requirements*):

License Only ☐ Supervisor Certificate ☐ License & Supervisor Certificate ☐

Contractor licenses currently held: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Person(s) designated to be Construction Supervisor(s) *[separate applications required for other than License Holder]*:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you or has your firm ever had a contractor license revoked or suspended? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*Continued on Other Side\*\***

## **SPECIALIZED TRADE CONTRACTOR APPLICATION – ALARM SYSTEMS -- PAGE 2**

The following must be attached to your application for a complete submittal:

- \$75 Non-refundable application fee
- 5 completed Project Verification Forms
- Resume for Alarm Business Permit
- Waiver for Alarm Business Permit
- Completed fingerprint card with \$16.50 check to Colorado Bureau of Investigation (no personal checks)
- Completed Employee Affidavit
- Completed Sales/Use Tax License Application
- Any additional information you want us to consider, i.e., a resume, additional education and/or training experience, etc.
- Picture ID

Prior to activating an approved license, the following additional items must be received:

- \$200 biennial license fee and \$25 supervisor's certificate fee (if applicable)
- Current certificate of general liability insurance with the City listed as a certificate holder
- List of employees full names and the last four digits of their social security number for regulated payroll employees that could be working on the job site
- Proof of current worker's compensation insurance (if applicable)
- Exempt Specialized Trade Subcontractor Identification forms (if applicable)

*I have read and agree to abide by the requirements contained in the contractor packet. I understand that providing any incorrect or misleading information is grounds for denial of the license requested with no refund of any fees paid and that incomplete applications or project forms will not be accepted. Further, I understand that achieving a passing score on a specific examination does not guarantee approval for a particular license or certificate class without required documentation of experience.*

Name of person applying for credential(s)[print] : \_\_\_\_\_

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

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### **Below for Office Use Only:**

Police Department Approval: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

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### **Building Department Approval:**

\$75 application fee received	_____	Yes	_____	No	Date _____	Staff Initials _____
\$200 license fee received	_____	Yes	_____	No	Date _____	Staff Initials _____
\$25 certificate fee received	_____	Yes	_____	No	Date _____	Staff Initials _____

Applicant approved for \_\_\_\_\_ License \_\_\_\_\_  
Applicant approved for \_\_\_\_\_ Certificate \_\_\_\_\_ Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

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Applicant **NOT** approved for License/Cert.: \_\_\_\_\_  
Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

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