



Contractor Licensing
281 N. College Ave.
Fort Collins, CO 80524
Phone 970-416-2740 Fax 970-224-6134
http://www.fcgov.com/nbs/contractor.php

EMPLOYEE AFFIDAVIT

(PLEASE PRINT)

I \_\_\_\_\_ as License Holder of \_\_\_\_\_
\_\_\_\_\_ (Company Name), City of Fort Collins License No. \_\_\_\_\_

hereby declare and attest to the following:

- I understand that all payroll employees of the above-named company performing trade work regulated under the contractor licensing ordinance for the City of Fort Collins must be registered with the Community Development & Neighborhood Services Department.
I understand that a list of all employees who could work on the job site must be submitted for all such employees, together with a copy of a current worker's compensation insurance certificate.
I understand that paying or exchanging in-kind trade to any party to perform work who is not considered an "employee" by the above definition, or any party who is not considered an exempt specialized trade subcontractor constitutes a violation of the Code of the City of Fort Collins, if such party is not in possession of their own Fort Collins license.

I understand that failure to comply with any of the above conditions, or the submittal of inaccurate information, may result in revocation of the above-referenced license, revocation of any permits associated with the above license, and forfeiture of any fees that have been collected.

License Holder

STATE OF COLORADO )
)ss.
COUNTY OF LARIMER )

The foregoing Affidavit was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_
\_\_\_\_\_, by \_\_\_\_\_.

Witness my hand and official seal.

My Commission expires:

Notary Public