



**EXEMPT SPECIALIZED TRADE SUBCONTRACTOR  
REGISTRATION FORM**

Name of Exempt Subcontractor (company): \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

E-mail: \_\_\_\_\_

**This Exempt Specialized Trade Subcontractor is:**

- An Individual
- A Crew of Independent Contractors (Requires a direct subcontract with each individual + an Exempt Specialized Trade Subcontractor form for each individual)
- A Crew with payroll employees (Requires proof of worker's compensation insurance and list of employees names with the last four digits of their social security number)
- Partners (Requires proof of partnership arrangement)
- Other \_\_\_\_\_

# of workers assigned to named Exempt Subcontractor expected to be on job site \_\_\_\_\_

**Type of Specialized Trade:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Awnings                   | <input type="checkbox"/> HVAC-C                              | <input type="checkbox"/> Roofing                    |
| <input type="checkbox"/> Demolition                | <input type="checkbox"/> HVAC-R                              | <input type="checkbox"/> Roofing+                   |
| <input type="checkbox"/> Fire Sprinkler System     | <input type="checkbox"/> HVAC-RR                             | <input type="checkbox"/> Signs                      |
| <input type="checkbox"/> Fireplace Appliances      | <input type="checkbox"/> HVAC-Boiler                         | <input type="checkbox"/> Solar Energy               |
| <input type="checkbox"/> Flammable Fuel Facilities | <input type="checkbox"/> Miscellaneous<br>& Minor Structures | <input type="checkbox"/> Wood Frame<br>Construction |
| <input type="checkbox"/> Gas Piping                | <input type="checkbox"/> Refrigeration                       | <input type="checkbox"/> WTS                        |

**Attach to this form:**

- A current copy of general liability insurance showing coverage for listed Exempt Subcontractor and the City of Fort Collins listed as the certificate holder
- A current copy of worker's compensation insurance showing coverage for any payroll employees of listed Exempt Subcontractor and the City of Fort Collins listed as the certificate holder
- \$200.00 fee for a two year registration
- Immigration affidavit
- A copy of the listed contact person's photo identification