



**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
& Minor Structures | <input type="checkbox"/> Wood Frame
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



Contractor Licensing

281 N. College Ave. - P.O. Box 580
Fort Collins, CO 80524

970.416.2740 - 970.224.6134 - fax
fcgov.com/nbs

AFFIDAVIT

Pursuant to section 24-76.5-103(4)(b), C.R.S.

I swear or affirm under penalty of perjury under the laws of the State of Colorado that I am (*check one of the following*):

_____ A United States citizen: or

_____ A legal Permanent Resident of the United States: or

_____ Otherwise lawfully present in the United States pursuant

I understand that this sworn statement is required by law because I have applied for a public benefit as defined by law. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of the public benefit. I further acknowledge that making a false, fictitious or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute §18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

If I checked the second or third option above, I understand that my lawful presence in the United States will be verified through the Federal Systematic Alien Verification of Entitlement Program (SAVE Program).

Printed Name

Signature

Company Name

Date

City of Fort Collins License #