



# fort collins contractor licensing

281 N. College Ave., P.O. Box 580; Fort Collins, CO 80522-0580; Voice: 970 221 6767 FAX: 970 224 6134

## GENERAL CONTRACTOR APPLICATION FORM

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

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

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

\_\_\_\_\_

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

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

License Class (✓ one only – see Contractor Packet for specific requirements):

Class A    Class B    Class C-1    Class C-2    Class D-1    Class D-2    Class E

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

License Only    Supervisor Certificate    License & Supervisor Certificate

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

\_\_\_\_\_

\_\_\_\_\_

Fort Collins Testing Information:

License Class Test Covered: \_\_\_\_\_ Date taken: \_\_\_\_\_ Grade: \_\_\_\_\_

Version of UBC \_\_\_\_\_ Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

List company personnel having passed written contractor examinations and locations [attach copy of credentials]:

\_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_

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

- ☐ \$75 Non-refundable application fee
- ☐ 3 completed Project Verification Forms
- ☐ 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.

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

- ☐ \$200 biennial license fee
- ☐ Current certificate of general liability insurance with the City listed as a certificate holder
- ☐ Copies of W-4 forms for regulated payroll trade employees (if applicable)
- ☐ Proof of current worker's compensation insurance (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 \_\_\_\_\_

**Below for Office Use Only:**

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

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

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

Additional Information Needed: \_\_\_\_\_ Rcvd. Date \_\_\_\_\_

Comments: \_\_\_\_\_ Rcvd. Date \_\_\_\_\_