SPECIALIZED TRADE CONTRACTOR PROJECT VERIFICATION FORM

The applicant identified below has applied for a specialized trade contractor license or construction supervisor certificate with the City of Fort Collins. Regulations require verification of the applicant's construction experience on specific projects by someone other than applicant or anyone affiliated with applicant's company. You have been identified by the applicant as a person having direct knowledge of the applicant's involvement in the construction project described below. Incorrect or misleading information can result in the applicant's disqualification. You may be contacted for additional details and to verify the information provided. **Incomplete forms will not be accepted.**

APPLICANT NAME: ________________________________

PROJECT NAME: ________________________________

PROJECT IDENTIFICATION (street address, city, county, state): ________________________________

PERMIT NUMBER: __________________ COMPLETION DATE: __________________

***(Must attach copies of the permit and C/O or final inspection documentation or will be considered incomplete)***

PROJECT SCOPE (See Qualifications & Descriptions for specialized trade contractors on Page 11 for clarification):

- Alarm System Install**
- Demolition
- Flammable Fuel (Gasoline)**
- Interior Finish
- Roofing**
- Spec. Fire Extinguishing**
- Wireless Telecomm. Systems (WTS)
- Awning/Sign Installation
- Fire Sprinkler System Install**
- Gas Piping
- Miscellaneous or minor building
- Refrigeration**
- Structural Alteration
- Cast-in-Place Concrete**
- Fireplace Appliance Install
- HVAC Work**
- Non-Structural Alteration
- Solar Energy
- Wood Framing**

** Denotes Safety Sensitive Trades: One project submitted must have a completion date from 3 or more years ago. All other trades require that one project submitted have a completion date from 1 or more years ago.

CONTRACT VALUE (Building(s) only + Labor + materials + profit): ________________________________

PROJECT DESCRIPTION (give complete description and attach supplemental documents as needed): ________________________________

__________________________

BUILDING USE(s) if applicable: ________________________________

__________________________

ASPECTS OF PROJECT FOR WHICH APPLICANT WAS DIRECTLY RESPONSIBLE: ________________________________

__________________________

APPLICANT’S PRIMARY ROLE IN PROJECT: ________________________________

~ USE ONE FORM PER PROJECT ~
APPLICANT'S PERFORMANCE:  ☐ Above Average  ☐ Average  ☐ Below Average

COMMENTS:
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YOUR NAME (Print):

YOUR POSITION IN PROJECT:

COMPANY NAME:

ADDRESS:

PHONE: _______________________________ MOBILE PHONE # ____________________________

SIGNATURE: ___________________________ DATE: ___________________________

***THIS FORM WILL NOT BE ACCEPTED IF IT IS INCOMPLETE OR IS SIGNED BY APPLICANT OR ANYONE AFFILIATED WITH APPLICANT OR APPLICANT'S COMPANY – PLEASE MAKE SURE THIS FORM IS SIGNED BY A PERSON WHO IS NOT AFFILIATED WITH THE APPLICANT IN ANY WAY, WHO WAS PERSONALLY INVOLVED IN THE PROJECT AND IS ABLE TO VERIFY APPLICANT’S PROFESSIONAL ROLE IN THE PROJECT***

Below for Office Use Only:

Reviewed by: ___________________________ Date: __________________________

License Class of Project: ____________  Comments: ____________________________

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**Please ensure this form is signed by a person who is not affiliated with the applicant in any way, who was personally involved in the project and is able to verify the applicant’s professional role in the project.**