



Contractor Licensing
281 N College Ave. P.O. Box 580
Fort Collins, CO 80526
Phone 970-416-2740 Fax 970-224-6134
www.fcgov.com/nbs/contractor.php

SPECIALIZED TRADE CONTRACTOR APPLICATION

Business Name of License Holder: _____

License Holder Name (if desired): _____

Mailing Address: _____

Phone#: _____ Mobile#: _____ FAX#: _____

E-Mail Address: _____

Specialized Trade category (✓ one only – see Contractor Packet for specific requirements):

- Awnings Cast-in-Place Concrete Cast-in-Place Concrete+ Demolition Fireplace Appliances
- Gas Piping HVAC-C HVAC-R HVAC-RR HVAC-B Miscellaneous & Minor Structures
- Roofing Roofing+ Refrigeration Signs Solar Energy Wood Frame Construction WTS

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 (No test required for Awnings, Demolition, Signs or WTS licenses):

Specialized Trade Test Covered: _____ Date taken: _____ Grade: _____

Code Test Covered: _____ Version of Code: _____

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: _____

SPECIALIZED TRADE CONTRACTOR APPLICATION – PAGE 2

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

- \$75 Non-refundable application fee
- 3 or more completed Project Verification Forms (depending on License type)
- 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 & \$25 supervisor's certificate fee, (if applicable)
- Current certificate of general liability insurance with the City listed as a certificate holder
- List of payroll trade employees(if applicable) with full name & last four digits of their social security number
- Proof of current worker's compensation insurance (if applicable)
- Exempt Specialized Trade Subcontractor Identification forms (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 _____ License _____

Applicant approved for _____ Certificate _____ Authorized Signature _____ Date _____

Comments: _____

Applicant **NOT** approved for License/Cert.:

_____ Authorized Signature _____ Date _____

Additional Information Needed: _____ Rcvd. Date _____

Comments: _____ Rcvd. Date _____