



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](http://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
- 5 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 _____
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Additional Information Needed: \_\_\_\_\_

Rcvd. Date \_\_\_\_\_

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

Rcvd. Date \_\_\_\_\_