



Contractor Licensing  
281 N College Ave. P.O. Box 580  
Fort Collins, CO 80524  
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 -- PFA**

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*):

Fire Sprinkler Systems  Flammable Fuel Facilities  Fire Alarm Systems

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

License Only  Supervisor Certificate  License & Supervisor Certificate

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

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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 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 \_\_\_\_\_

\_\_\_\_\_