



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

EMPLOYEE AFFIDAVIT

(PLEASE PRINT)

I _____ as License Holder of _____
_____ (Company Name), City of Fort Collins License No. _____

hereby declare and attest to the following:

- I understand that all payroll employees of the above-named company performing trade work regulated under the contractor licensing ordinance for the City of Fort Collins must be registered with the Building & Zoning Department. (An employee is defined as a person who is supervised by the license holder, is eligible under Colorado's worker's compensation law, is personally paid an hourly wage or salary and is not paid through a contract or paid to a company name).
- I understand that copies of W-4 forms must be submitted for all such employees, together with a copy of a current worker's compensation insurance certificate. I acknowledge that any W-4 forms submitted represents an actual employee of my company. I understand that once these items have been received, the Building & Zoning Department will issue employee identification cards for each employee for which a W-4 form has been provided. I understand that each employee must have his/her card available on all Ft. Collins' job sites. I agree to notify Building & Zoning, in writing, when an employee ceases their employment with the above-referenced company; and when a new employee is hired, to provide the appropriate W-4 form so the necessary employee identification card may be issued.

Suspected W-4 form violations may be referred to the Colorado Department of Labor and Employment and/or the Internal Revenue Service for investigation.

- I understand that paying or exchanging in-kind trade to any party to perform work who is not considered an employee by the above definition, or any party who is not considered an exempt specialized trade subcontractor constitutes a violation of the Code of the City of Fort Collins, if such party is not in possession of their own Fort Collins license.

I understand that failure to comply with any of the above conditions, or the submittal of inaccurate information, may result in revocation of the above-referenced license, revocation of any permits associated with the above license, and forfeiture of any fees that have been collected.

License Holder

STATE OF COLORADO)
)ss.
COUNTY OF LARIMER)

The foregoing Affidavit was acknowledged before me this _____ day of _____, by

Witness my hand and official seal.

My Commission expires:

Notary Public