



Development Review Center
281 N. College Ave., Fort Collins, CO 80524
contractor_licensing@fcgov.com
970.224.6165

Exempt Specialized Trade Contractor Registration

- New Registration
- Business Name Change
- Renewal (if any changes, complete new application)
 - Registration #
- Reinstatement (if expired more than 60 days)

Office Use Only
Issue Date:
Exp. Date:
Registration #
CL:

Business Name _____

Registration Contact (Applicant) _____

Mailing Address _____

Office# _____ Mobile# _____ Fax# _____

E-Mail Address _____

City of Fort Collins Sales and Use Tax Number (attach copy of certificate) _____

This Exempt Specialized Trade Contractor is:

- An Individual
- A Crew of Independent Contractors (Requires a direct subcontract with each individual + an Exempt Specialized Contractor Registration form for each individual)
- Partners (Requires proof of partnership arrangement)
- Other _____

of workers assigned to named Exempt Contractor expected to be on job site _____

Exempt Specialized Trade Registration desired

- Awnings Demolition Fireplace Appliances Gas Piping HVAC-C HVAC-R
- HVAC-RR Roofing (Pitched only) Roofing+ (Flat) Refrigeration Signs
- Solar Energy (Water or Photovoltaic) Wood Frame Construction **Fire Sprinkler Systems
- **Flammable Fuel Facilities **Fire Alarm Systems Wireless Telecommunication Systems (WTS)

**Requires fire department approval

The following must be submitted to process this registration request:

Incomplete registration packets will not be accepted

- Current certificate of general liability insurance (Minimum \$2 million aggregate)
- Current copy of worker's compensation insurance
- Immigration Affidavit
- Copy of Photo I.D.
- \$200 biennial registration fee



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AFFIDAVIT

Pursuant to section 24-76.5(4)(b), C.R.S.

I swear or affirm under penalty of perjury under the laws of the State of Colorado that I am (check **one** of the following):

_____ A United States citizen: or

_____ A legal Permanent Resident of the United States: or

_____ Otherwise lawfully present in the United States pursuant

I understand that this sworn statement is required by law because I have applied for a public benefit as defined by law. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of the public benefit. I further acknowledge that making a false, fictitious or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute §18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

If I checked the second or third option above, I understand that my lawful presence in the United States will be verified through the Federal Systematic Alien Verification of Entitlement Program (SAVE Program).

Printed Name

Signature

Company Name

Date

City of Fort Collins License #

City of Fort Collins Certificate #