



Contractor Licensing Application Checklist

Incomplete application packets will not be accepted

Business Name _____

Date _____

License Holder _____

Supervisor's Certificate Holder _____
 (If different than license holder)

- New License**
 Renewal
 Reinstatement (Past 60-day grace period)
 Exempt Contractor
 Business Name Change
 Master Electrician
 Master Plumber

Please follow the corresponding column below

New	Reinstatement	Renewal	Business Name Change	Exempt Registration	Master Electrician	Master Plumber	<u>Required Items - Incomplete application packets will not be accepted</u>
							Application / Registration- Complete, signed and dated
							Picture ID – Current, valid Driver's license, passport, or work permit – Must be readable copy
				N/A	N/A	N/A	Employee Affidavit – Must be signed by applicant and notarized <ul style="list-style-type: none"> General contractors are not permitted to use exempt workers
							Immigration Affidavit – Must check appropriate box, sign, and date
		N/A	N/A	N/A			Exam – ICC National Standard 2018 code year or new; Solar license - NABCEP, Master Plumber - State Cards, Master Electrician – State Cards <ul style="list-style-type: none"> No exam required for Signs, Awnings, Demolition, **Fire Alarm Systems, **Fire Sprinkler Systems, Fireplace Appliances, **Flammable Fuel Facilities, Wireless Telecommunication Systems No exam required for license holder that is designating another person as their supervisor's certificate holder (**Requires approval from Poudre Fire Authority)
							General Liability and Worker's Compensation (if you have field employees) <ul style="list-style-type: none"> Minimum \$2 million aggregate coverage on general liability The "City of Fort Collins, 281 N. College Ave., Ft. Collins, CO 80524" must be listed as a certificate holder
	N/A	N/A	N/A	N/A	N/A	N/A	Project Verifications (3) – Must be complete, including documentation <ul style="list-style-type: none"> Must be verified and signed by other than the applicant (supervisor's certificate holder) Must attach copies of permits for each verification Must attach C/O, LOC or passing final inspection information for each verification
					N/A		Fee – There is a \$75 application fee for all new license and supervisor's certificates <ul style="list-style-type: none"> \$300 - New license and supervisor's certificate or reinstatement (Includes \$75 non-refundable application fee) \$225 - Renewal of license and supervisor's certificate - General and subcontract trades \$200.00 – Master Plumber, Exempt Subcontractor \$100 – New supervisor's certificate only \$25 – Renewal of supervisor's certificate only



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

Specialized Trade Contractor Application

(Incomplete application packets will not be accepted)

- New license and/or Certificate**
- Business Name Change**
- Renewal** (if any changes, complete new application)
 - License # _____
 - Certificate # _____
- Reinstatement**
(if expired more than 60 days)

<p>Office Use Only Issue Date: _____ Exp. Date: _____ License # _____ Cert.# _____ CL: _____</p>
--

Business Name _____

License Holder (Applicant) _____

Supervisor's Certificate Holder (Applicant) _____
 (if different than license holder)

Mailing Address _____

Office# _____ **Mobile#** _____ **Fax#** _____

E-Mail Address _____

Specialized Trade license 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 Poudre Fire Authority approval

Credential Category

- License & Supervisor Certificate
- License Only Supervisor Certificate Only

Exam Information

(No exam required for Awnings, Demolition, Fire Alarms, Fireplace, Fire Sprinkler Systems, Flammable Fuel Facilities, Signs or WTS licenses). Please ask or visit our website at <https://www.fcgov.com/building/exam.php> for all other exam requirements.

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(s) applying for credential(s) *[print]* _____
 (Only print and sign once if same person)

Signature _____ Date _____

Signature _____ Date _____

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
Authorized Signature _____ Date _____

Applicant approved for _____ Certificate

Comments: _____

Applicant **NOT** approved for License/Cert.:
Authorized Signature _____ Date _____

Comments: _____



Employee Affidavit

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

hereby declare and attest to the following selected items:

- No employees - The company does not have payroll employees that will be working on a job site(s) within the City of Fort Collins.

OR

- Yes, employees – The company does employ regulated payroll trade employees.
o I understand that an employee is defined as a person who is supervised by the license and supervisor’s certificate holder(s) and 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 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.

This form must be accurately completed and notarized upon submission.

Applicant Signature, must be signed not typed

STATE OF _____)

COUNTY OF _____)

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

by _____

Witness my hand and official seal.

My Commission expires:

Notary Public



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

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

For office use only:

City of Fort Collins License #

City of Fort Collins Supervisor's Certificate #



Development Review Center
Contractor Licensing
281 N College
Fort Collins, CO 80524

contractor_licensing@fcgov.com
970-224-6165

CONTRACTOR LICENSING PROJECT VERIFICATION

This verification form is used to provide proof of experience for the applicant as having acted in the principal role of contractor (license only) and/or primary project supervisor (on-site).

STEP 1: Name

This section must be completed by the individual applying for a Supervisor's Certificate.

Applicant Information

Name _____ Company _____

Qualifying Project Information

Address _____ Date Completed _____

Documentation - Must attach copies of each

REQUIRED: Permit # _____ SELECT ONE TO ATTACH: Final Inspection Certificate of Occupancy

STEP 2: Verification

This section must be completed by an individual other than the applicant and who is not affiliated with the applicant or applicant's business in the referenced project. No suppliers.

Verifier Information

Name _____ Company _____

Phone _____ Email _____

VERIFIERS ROLE (select one) Homeowner Business Owner Contractor Other _____

Qualifying Project Verification

Describe the Project. Include a detailed description of the work completed by the applicant. Use additional sheet if necessary.

Project Value. Calculated by combining the Building Cost, Labor, Materials and Profit. _____

BUILDING TYPE Commercial Residential SQUARE FEET _____ STORIES _____

APPLICANTS ROLE (select one) On-site (supervisor) Off-site Do not know this person Other _____

STEP 3: Certification (To be completed by verifier)

By signing below, I certify all information contained in this Project Verification is true and correct to the best of my knowledge, and I further understand that failure to provide true and correct information may lead to denial of application, license being suspended or license revocation.

Print Name _____ Signature _____

Office use only - below

Reviewed By _____ Date _____ License Class _____



Development Review Center
Contractor Licensing
281 N College
Fort Collins, CO 80524

contractor_licensing@fcgov.com
970-224-6165

CONTRACTOR LICENSING PROJECT VERIFICATION

This verification form is used to provide proof of experience for the applicant as having acted in the principal role of contractor (license only) and/or primary project supervisor (on-site).

STEP 1: Name

This section must be completed by the individual applying for a Supervisor's Certificate.

Applicant Information

Name _____ Company _____

Qualifying Project Information

Address _____ Date Completed _____

Documentation - Must attach copies of each

REQUIRED: Permit # _____ SELECT ONE TO ATTACH: Final Inspection Certificate of Occupancy

STEP 2: Verification

This section must be completed by an individual other than the applicant and who is not affiliated with the applicant or applicant's business in the referenced project. No suppliers.

Verifier Information

Name _____ Company _____

Phone _____ Email _____

VERIFIERS ROLE (select one) Homeowner Business Owner Contractor Other _____

Qualifying Project Verification

Describe the Project. Include a detailed description of the work completed by the applicant. Use additional sheet if necessary.

Project Value. Calculated by combining the Building Cost, Labor, Materials and Profit. _____

BUILDING TYPE Commercial Residential SQUARE FEET _____ STORIES _____

APPLICANTS ROLE (select one) On-site (supervisor) Off-site Do not know this person Other _____

STEP 3: Certification (To be completed by verifier)

By signing below, I certify all information contained in this Project Verification is true and correct to the best of my knowledge, and I further understand that failure to provide true and correct information may lead to denial of application, license being suspended or license revocation.

Print Name _____ Signature _____

Office use only - below

Reviewed By _____ Date _____ License Class _____



Development Review Center
Contractor Licensing
281 N College
Fort Collins, CO 80524

contractor_licensing@fcgov.com
970-224-6165

CONTRACTOR LICENSING PROJECT VERIFICATION

This verification form is used to provide proof of experience for the applicant as having acted in the principal role of contractor (license only) and/or primary project supervisor (on-site).

STEP 1: Name

This section must be completed by the individual applying for a Supervisor's Certificate.

Applicant Information

Name _____ Company _____

Qualifying Project Information

Address _____ Date Completed _____

Documentation - Must attach copies of each

REQUIRED: Permit # _____ SELECT ONE TO ATTACH: Final Inspection Certificate of Occupancy

STEP 2: Verification

This section must be completed by an individual other than the applicant and who is not affiliated with the applicant or applicant's business in the referenced project. No suppliers.

Verifier Information

Name _____ Company _____

Phone _____ Email _____

VERIFIERS ROLE (select one) Homeowner Business Owner Contractor Other _____

Qualifying Project Verification

Describe the Project. Include a detailed description of the work completed by the applicant. Use additional sheet if necessary.

Project Value. Calculated by combining the Building Cost, Labor, Materials and Profit. _____

BUILDING TYPE Commercial Residential SQUARE FEET _____ STORIES _____

APPLICANTS ROLE (select one) On-site (supervisor) Off-site Do not know this person Other _____

STEP 3: Certification (To be completed by verifier)

By signing below, I certify all information contained in this Project Verification is true and correct to the best of my knowledge, and I further understand that failure to provide true and correct information may lead to denial of application, license being suspended or license revocation.

Print Name _____ Signature _____

Office use only - below

Reviewed By _____ Date _____ License Class _____