



Development Review Center
Contractor Licensing
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Fort Collins, CO 80524

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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 _____