



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



Development Review Center
281 N. College Ave., Fort Collins, CO 80524
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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)

[ ] Reinstatement

- License #
Certificate #

(if expired more than 60 days)

Office Use Only
Issue Date:
Exp. Date:
License #
Cert.#
CL:

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



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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

**For office use only:**

\_\_\_\_\_  
City of Fort Collins License #

\_\_\_\_\_  
City of Fort Collins Supervisor's Certificate #