



Contractor Licensing Application Checklist

Business Name _____

Date _____

License Holder _____

XX- _____
 (office use only)

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

- New License – NE**
 Reinstatement - RI
 Exempt Contractor – EX
 Renewal - RN
 (Past 60-day grace)

- Business Name Change – BC**
 Master Electrician
 Master Plumber

*Boxes in blue not required

NE	RI	RN	BC	EX	ME	MP	Required Items - Incomplete application packets will not be accepted
							Application / Registration- Complete and signed
							Picture ID – Driver's license
							Employee Affidavit <ul style="list-style-type: none"> General contractors are not permitted to use exempt workers
							Immigration Affidavit
							Sales/Use Tax License <ul style="list-style-type: none"> Must supply copy of certificate at time of application submittal, apply online at https://www.fcgov.com/salestax/appsforms.php
							Exam – ICC National Standard, for Solar license - NABCEP, COSEIA, or Master Electrician State registration, Master Plumber State registration <ul style="list-style-type: none"> No exam required for Awnings, Demolition, **Fire Alarm Systems, **Fire Sprinkler System, Fireplace Appliances, **Flammable Fuel Facilities, Wireless Telecommunication Systems No exam required for license holder that is designating another person as their supervisor certificate holder
							General Liability <ul style="list-style-type: none"> Minimum 2 million aggregate The City of Fort Collins listed as a certificate holder
							Worker's Compensation – If company employs field workers
							Project Verification forms - Three (3) per applicant if separate license and certificate holder <ul style="list-style-type: none"> Must attach copies of permits for each verification Must attach a C/O, LOC or passing final inspection information for each verification
							Application fee <ul style="list-style-type: none"> \$75.00 – Non-refundable CL
							Biennial fee <ul style="list-style-type: none"> \$200.00 License fee – excludes Electricians \$25.00 Supervisor's certificate fee – Exempt and Plumbers excluded

** Requires fire department approval

Intake Signature _____



General Contractor Application

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

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

Business Name

License Holder (Applicant)

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

Mailing Address

Phone# Mobile# Fax#

E-Mail Address

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

General Contractor license desired

- Class A, Class A-DR, Class B, Class B-DR, Class C1, Class C1-DR, Class C2, Class C2-DR, Class D1, Class D2, Class D-DR, Class E(C) (Commercial), Class E(R) (Residential), Class MM

Credential Category

- License & Supervisor Certificate
License Only
Supervisor Certificate Only

Contractor licenses currently held (other jurisdictions)

Exam Information

(Test required for each license classification)
Class A, A-DR, B and Class B-DR = ICC National Standard Contractor A, F11
Class C1, C1-DR, C2, C2-DR, Class E(C) = ICC National Standard Contractor B, F12
Class D1, D2, D-DR, E(R), Class MM = ICC National Standard Contractor C, F13

License exam taken

Date taken Grade Code year covered

Have you or has your firm ever had a contractor license revoked or suspended? Yes No

If yes, please provide details

General Information

A general contractor license or specialized trade contractor license MUST be obtained by any person, firm, partnership, corporation, association, other organization, or any combination thereof, that provides or oversees/manages/supervises any construction, demolition or specialized trade work or services which are outlined within the Municipal Code Chapter 15, Article V, Contractors, and for which a fixed fee, trade-in-kind, or other compensation is received. Failure to obtain the required license prior to engaging in contracting will result in the assessment of a penalty fee equal to the current license fee (\$200).

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 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.
Yes, employees – The company does employ regulated payroll trade employees.
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.

License Holder

STATE OF _____)
)ss.
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

City of Fort Collins License #

City of Fort Collins Certificate #