



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

\*\* Requires fire department approval

**Intake Signature** \_\_\_\_\_



Master Electrician / Master Plumber Registration

- checkbox New Registration
checkbox Renewal (if any changes, complete new application process)
checkbox Reinstatement
checkbox Business Name Change

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

Business Name \_\_\_\_\_

Registrant (Applicant) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone# \_\_\_\_\_ Mobile# \_\_\_\_\_ FAX# \_\_\_\_\_

E-Mail Address \_\_\_\_\_

City of Fort Collins Sales and Use Tax Number \_\_\_\_\_

Registration Requested

Master Electrician checkbox Master Plumber checkbox

The following must be submitted to process this registration request:

Incomplete registration packets will not be accepted

- checkbox Copy of current Master Electrician or Master Plumber License
checkbox Copy of current Active State of Colorado Contractor's Card
checkbox Copy of Picture ID
checkbox Immigration Affidavit
checkbox Current certificate of general liability insurance (Minimum \$2 million aggregate)
checkbox Sales Tax License certificate
checkbox Plumber's only - \$200 registration fee

Name of person applying for registration [print] \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

Office Use Only
\$200 registration fee received Yes No Date Staff
(Plumbers only)
Authorized Signature Date



**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 #