



### 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** \_\_\_\_\_



Development Review Center
281 N. College Ave., Fort Collins, CO 80524
contractor\_licensing@fcgov.com
970.221-6760

Specialized Trade Contractor Application

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

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

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 fire department approval

Credential Category

- License & Supervisor Certificate
License Only Supervisor Certificate

Contractor licenses currently held (other jurisdictions)

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.

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:

Using Exempt Specialized Trade Subcontractors

Exempt Specialized Trade Subcontractors: Only licensed specialized trade contractors may utilize exempt specialized trade subcontractors. An exempt specialized trade subcontractor is any person, firm, partnership, corporation, association, other organization, or any combination thereof, which:

- Is paid or otherwise compensated to perform construction or a trade for which a specialized trade contractor license is required but does not have such license;
- Is not a payroll employee of a specialized trade contractor; and
- Performs work pursuant to a direct subcontract with a licensed specialized trade contractor.

When such exempt subcontractors are used, the licensed specialized trade contractor is responsible for employing a City approved supervisor who is required to be readily available and present full-time on the project site where such subcontracted work is being performed to ensure that when completed such work fully conforms to applicable code(s).

**Each exempt specialized trade subcontractor must be registered with the Development Review Center.**

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*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 \_\_\_\_\_

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<b>Office Use Only</b>			
\$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 <b>NOT</b> 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 #



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# 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 Contractor License.

### Applicant Information

Name \_\_\_\_\_ Company \_\_\_\_\_

### Qualifying Project Information

Address \_\_\_\_\_ Date Completed \_\_\_\_\_

### Documentation

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 \_\_\_\_\_



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