

APPLICANT NAME:

Contractor Licensing 281 N College Ave. P.O. Box 580 Fort Collins, CO 80526 Phone 970-416-2740 Fax 970-224-6134 www.fcgov.com/nbs/contractor.php

SPECIALIZED TRADE CONTRACTOR PROJECT VERIFICATION FORM

The applicant identified below has applied for a specialized trade contractor license or construction supervisor certificate with the City of Fort Collins. Regulations require verification of the applicant's construction experience on specific projects by someone other than applicant or anyone affiliated with applicant's company. You have been identified by the applicant as a person having direct knowledge of the applicant's involvement in the construction project described below. Incorrect or misleading information can result in the applicant's disqualification. You may be contacted for additional details and to verify the information provided. *Incomplete forms will not be accepted.*

RMIT NUMBER:COMPLETION DATE:				
(Attaching copies of	the permit and C/O or final inspect	tion documentation is required)		
COPE (See Qualifications &	& Descriptions for specialized trade	contractors on Page 11 for clarification		
arm System Install	Awning/Sign Installation	Cast-in-Place Concrete		
emolition	Fire Sprinkler System Install	Fireplace Appliance Install		
ammable Fuel (Gasoline)	Gas Piping	HVAC Work		
terior Finish	Miscellaneous or minor building	Non-Structural Alteration		
oofing	Refrigeration	Solar Energy		
ec. Fire Extinguishing	Structural Alteration Wood Framing			
ireless Telecomm. Systems	(WTS)			
ESCRIPTION (give complet	e description and attach suppleme	ental documents as needed):		
SE(s) if applicable:				
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F PROJECT FOR WHICH A	PPLICANT WAS DIRECTLY RESPO	NOIBLE.		
F PROJECT FOR WHICH A	PPLICANT WAS DIRECTLY RESPO	MOIBEE.		
i -	arm System Install emolition ammable Fuel (Gasoline) terior Finish pofing pec. Fire Extinguishing ireless Telecomm. Systems VALUE (Building(s) only + ESCRIPTION (give complete	emolition Fire Sprinkler System Install ammable Fuel (Gasoline) Gas Piping terior Finish Miscellaneous or minor building pofing Refrigeration		

SPECIALIZED CONTRACTOR PROJECT VERIFICATION FORM – PAGE 2

APPLICANT'S PERFORMANCE:	□Above Average	□Average	□Below Average
COMMENTS:			
			_
YOUR NAME (Print):			
COMPANY NAME:			
			NE #
			DATE:
			TE OR IS SIGNED BY APPLICANT OR
FORM IS SIGNED BY A P	ERSON WHO IS N	OT AFFILIATED E PROJECT AN	OMPANY – PLEASE MAKE SURE THIS WITH THE APPLICANT IN ANY WAY, ID IS ABLE TO VERIFY APPLICANT'S ROJECT***
Below for Office Use Only:			
Reviewed by:			Date:
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