



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

GENERAL CONTRACTOR APPLICATION FORM

Business Name of License Holder: _____

License Holder Name (if desired): _____

Mailing Address: _____

Phone#: _____ Mobile#: _____ FAX#: _____

E-Mail Address: _____

License Class (✓ *one only* – see *Contractor Packet* for specific requirements):

Class A ☐ Class B ☐ Class C-1 ☐ Class C1-RR ☐ Class C-2 ☐

Class D-1 ☐ Class D-2 ☐ Class D2-RR ☐ Class E ☐ Class E-2 ☐

Credential Category (✓ *one only* – see *Contractor Packet* for specific requirements):

License Only ☐ Supervisor Certificate ☐ License & Supervisor Certificate ☐

Contractor licenses currently held: _____

Fort Collins Testing Information:

License Class Test Covered: _____ Date taken: _____ Grade: _____

Version of UBC _____ Comments: _____

Person(s) designated to be Construction Supervisor(s) [*separate applications required for other than License Holder*]:

List company personnel having passed written contractor examinations and locations [*attach copy of credentials*]:

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

If yes, please provide details: _____

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The following must be attached to your application for a complete submittal:

- \$75 Non-refundable application fee
- 3 completed Project Verification Forms
- Completed Employee Affidavit
- Completed Sales/Use Tax License Application
- Any additional information you want us to consider, i.e., a resume, additional education and/or training experience, etc.

Prior to activating an approved license, the following additional items must be received:

- \$200 biennial license fee and \$25 supervisor's certificate fee (if applicable)
- Current certificate of general liability insurance with the City of Fort Collins listed as a certificate holder
- List of regulated payroll trade employees (if applicable) with full name and last four digits of their social security number
- Proof of current worker's compensation insurance (if applicable)

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 applying for credential(s) [print] : _____

Signature: _____ Date _____

Below for 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 Class _____ License _____

Applicant approved for Class _____ Certificate _____ Authorized Signature _____ Date _____

Comments: _____

Applicant **NOT** approved for License/Cert.: _____

Authorized Signature _____ Date _____

Additional Information Needed: _____ Rcvd. Date _____

Comments: _____ Rcvd. Date _____