



**PLANNING & BUILDING SERVICES DIVISION**

P.O. Box 1190  
 Fort Collins, CO 80522-1190  
 Planning (970) 498-7683 Building (970) 498-7700  
 Planning Fax (970) 498-7711 Building Fax (970) 498-7667  
<http://www.larimer.org/building>

**Jobbers Contractor Licensing Application**

(Please print or type in information)

**Applicant Name:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Business Name of Applicant:** \_\_\_\_\_

Phone# ( ) \_\_\_\_\_ Cell# ( ) \_\_\_\_\_ Fax# ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Verification of Jobbers License** (no test required)

*This license entitles the holder to provide non-structural remodels on commercial and residential structures with a total value of not more than five thousands dollars (5,000) as permitted by the International Building Code or the International Residential Code.*

List licenses currently held in all other Colorado jurisdictions: (attach separate sheet if necessary):

**Name of Jurisdiction:** \_\_\_\_\_ **Type of License:** \_\_\_\_\_

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(Attach separate sheet if more than two jurisdictions)

Is/are license(s) still active?  Yes  No

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

*If yes, please provide statement on where and why license was revoked or suspended.*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**List three (3) references of jobs completed:**

Building Permit #	Address of Job	City	Owner's Name

If in another jurisdiction other than Larimer County, must attach copies of the permit and Certificate of Occupancy or final inspection documentation for each job.

**Person(s) designated to apply for Building Permits on behalf of the licensed contractor:**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

(Attach separate sheet if more than two)

I have read and agree to abide by the requirements contained in the contractor resolution. I understand that providing any incorrect or misleading information is grounds for denial of the license 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 is not sufficient approval for a particular license or certificate class without required documentation of experience.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_



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**CHECKLIST FOR ISSUANCE OF A JOBBERS CONTRACTOR LICENSE**

**Pay nonrefundable contractor application fee.** Need cash or check (we do not accept credit cards) made out to Larimer County Planning for the amount of:

Jobbers (\$75)

**Contractors must submit completed signed Jobbers contractor license application** verifying all contractor licenses held in other jurisdictions and if applicable disclosing any adverse action taken under those licenses. Also submit all of the following required supporting documentations:

**No examination required**

**Provide proof of three (3) successfully completed projects** by listing three (3) construction projects verified by building permit number on the application form and attach copies of the permit and Certificate of Occupancy or final inspection documentation if in another jurisdiction.  
Or have three (3) completed contractor project verification forms signed by the owners.  
Or provide proof of two (2) years of experience in your license trade by submitting a letter from previous employer verifying that experience.

**Demonstrate a lawful presence in the United States** by submitting a completed and signed United States Citizenship Affidavit form that also certifies as part of the license application process that you or your company will employ only building subcontractors and workers who have demonstrated to the company a lawful presence in the United States.

**Provide proof of current insurance coverage**, including:  
1. Workers' Compensation Insurance as required by the State of Colorado.  
2. General Liability Insurance provided on an ISO 1998 (or most current) Form or equivalent form with a minimum combined single limit for each occurrence of:

General Liability.....#300,000.00

Proof of such insurance shall be accompanied by a Certificate of Insurance issued to the County as a Certificate Holder requiring a ten (10) days notice for NON-PAYMENT OF PREMIUM, REDUCTION OF COVERAGE, OR CANCELLATION FOR ANY REASON and providing 30 days advance written notice to the Chief Building Official (at Larimer County Building Department, P.O. Box 1190, Fort Collins, CO 80522) signed by an authorized agent of the issuing company. In the event the required insurance is revoked, the contractor license is revoked upon such notice.

# UNITED STATES CITIZENSHIP AFFIDAVIT

Pursuant to Section 24-76.5-103(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 to federal law.

**I further swear I will employ only building contractors and workers who have demonstrated to the company a lawful presence in the United States.**

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 this 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 offence each time a public benefit is fraudulently received.

If I checked the second or third operation 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

**Fill out one of the means of identification and provide copy of your photo ID**

\_\_\_\_\_  
U.S. Military I.D. Card #

\_\_\_\_\_  
Colorado Driver's License #

\_\_\_\_\_  
Colorado Identification Card #

\_\_\_\_\_  
Native American Travel Document #

\_\_\_\_\_  
U.S. Coast Guard Merchant Marine Card #