

## Roofing Contractor License Application

(Please print or type in information)

License # \_\_\_\_\_

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

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

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

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

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

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

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*If yes, please provide statement on where and why license was revoked or suspended. (Attach separate sheet if needed)*

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### 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 licensed contractor:

(Attach separate sheet if more than two)

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

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

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 is not sufficient approval for a particular license or certificate class without required documentation of experience.

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

## CHECKLIST FOR ISSUANCE OF A ROOFERS CONTRACTOR LICENSE

- ☐ **Pay nonrefundable contractor application fee.** Cash, check or credit card (3% fee with credit card). Check made out to Larimer County Planning for the amount of:

Roofers (\$75)

- ☐ **Contractors must submit completed signed mechanical 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 documentation:

- ☐ **Provide proof of a passing grade** on a current applicable license issued by another county or municipality in the state of Colorado with a letter from that jurisdiction on their letterhead stating the passing grade, type of license, year and model of code tested under. Or provide proof of a passing grade on the applicable International Code Council ("ICC") exam related to the particular license type being applied for (or its nationally recognized equivalent as determined and approved by the Building Official).
- ☐ **Provide proof of three (3) successfully completed projects** by listing three (3) construction projects verified by building permit number on the applicant 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 certify 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).

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Printed Name

Signature

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Company Name

Date

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

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U.S. Military I.D. Card #

Colorado Driver's License #

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Colorado Identification Card #

Native American Travel Document #

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U.S. Coast Guard Merchant Marine Card #