



# Teller County

## Community Development Services Division Building Department

Phone 719-687-3048 Fax 719-687-5256 PO Box 1886 Woodland Park, CO 80866

### APPLICATION FOR SPECIALTY/TRADE CONTRACTOR'S LICENSE OR REGISTRATION

\*All blanks must be filled in with ink only & original signatures are required\*

Date: \_\_\_\_\_ License Type / Class: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

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

Applicant is:  Corporation  LLC  Partnership  Sole Proprietor

**Proof of legal entity** (please check one):

\_\_\_\_\_ Corporate or Partnership Certificate of Good Standing

\_\_\_\_\_ Copy of Recording Trade Name or Assumed Name

\_\_\_\_\_ Non-Applicable; License to be issued under examinee's name

**Company's principal officers, partners or owners:**

Name and title: \_\_\_\_\_ Name and title: \_\_\_\_\_

Name and title: \_\_\_\_\_ Name and title: \_\_\_\_\_

#### COMPANY INFORMATION

1. Number of years Company has operated as a contractor? (If new, write "new") \_\_\_\_\_

2. What is the Company's specialty area of construction? \_\_\_\_\_

3. Company's type of work (Check one or both, if applicable)  Residential  Commercial

4. Has the Company ever been named in or responsible for any entered and unsatisfied judgments, liens, and/or claims against them in which the company was the contractor?  Yes  No  
If yes, explain \_\_\_\_\_

5. Has the company been a defendant in a court case in collection?  Yes  No  
If yes, explain \_\_\_\_\_

6. Has the company ever declared bankruptcy?  Yes  No  
If yes, explain \_\_\_\_\_

7. Has the company ever had a license suspended or revoked?  Yes  No  
If yes, explain \_\_\_\_\_

8. Has the company ever defaulted on a construction contract?  Yes  No  
If yes, explain \_\_\_\_\_

**EXAMINEE INFORMATION**

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

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

1. What is your area of expertise in the construction industry? \_\_\_\_\_

2. How long have you worked in the construction industry? \_\_\_\_\_

3. What is your affiliation with the company? (Owner, partner, employee, etc.) \_\_\_\_\_

4. Have you ever been convicted of a misdemeanor or felony?  Yes  No  
If yes, explain \_\_\_\_\_

5. Type of construction work you have performed (Check one or both, if applicable)  
 Residential  Commercial

6. Have you ever been named in or responsible for any entered and unsatisfied judgments, liens, and/or claims against you in which you were the contractor?  Yes  No  
If yes, explain \_\_\_\_\_

7. Have you ever declared bankruptcy?  Yes  No  
If yes, explain \_\_\_\_\_

8. Have you had a license suspended or revoked?  Yes  No  
If yes, explain \_\_\_\_\_

9. Have you ever defaulted on a contract?  Yes  No  
If yes, explain \_\_\_\_\_

10. The applicant understands that direct supervision and control includes any one or a combination of the following activities: supervising, managing construction activities by making technical, and administrative decisions, checking jobs for proper workmanship, direct supervision on job sites. Will you perform one or more of these duties?  Yes  No  
If yes, explain \_\_\_\_\_

**WORK HISTORY**

Company: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_

Company: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_

Company: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_

**Insurance Requirements for Contractors in Teller County**

Before a contractor license can be issued, renewed or reactivated the contractor shall file with the Building Official a certificate signed by a qualified agent of an insurance company stating that the policy or policies required in the Teller County Building Code have been issued to the licensee for employees' liability insurance, workers' compensation insurance, public liability insurance and public property damage insurance.

The certificate shall:

- state the name of the company,
- the effective date of such policies and the expiration date of such policies.
- list Teller County Building Department as certificate holder
- contain a 30-day Cancellation & Reduction Clause

**Workers' Compensation Insurance**

Does the contractor have workers' compensation insurance?  Yes  No

- If yes, provide proof of coverage to the Building Department.
- If no, explain why the contractor does not have workers' compensation insurance: \_\_\_\_\_
- If no, provide a copy of the Rejection of Workers' Compensation form filed with the Colorado Department of Labor and Employment, Division of Workers' Compensation. This form is available at <https://www.colorado.gov/pacific/cdle/dwc>

Initial each of the following to indicate your understanding and agreement with these requirements for workers' compensation insurance:

\_\_\_\_\_ In the event the company or examinee hires any employees, the company and/or examinee will promptly provide proof of workers' compensation insurance to the Teller County Building Department.

\_\_\_\_\_ The company and the examinee understand that all subcontractors hired by the company or examinee will be required to provide proof of workers' compensation insurance or proof of rejection of workers' compensation insurance, which will be made available to the Teller County Building Department upon request.

**CERTIFICATION**

(must be signed by the principal officer of the company and the examinee)

The undersigned officer of the company declares and warrants that the applicant for a contractor's license named herein has the express authority to bind the company by this application. The company and the examinee warrant that all the responses and information provided with this application are true and complete. Further, the company and examinee agree to abide by the Teller County Building Code regarding any work which may be performed by the company and examinee pursuant to the contractor license for which this application is made.

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

Examinee Name: \_\_\_\_\_

By: \_\_\_\_\_

Signature: \_\_\_\_\_

Its: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_