



# Teller County

Community Development Services Division Building Department  
719 - 687- 3048 Fax 719 - 687- 5256 PO Box 1886 Woodland Park, CO 80866

## APPLICATION FOR CONTRACTOR'S LICENSE OR REGISTRATION

**\*ALL BLANKS MUST BE FILLED IN WITH INK ONLY & ORIGINAL SIGNATURES ARE REQUIRED\***

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

I (We) hereby apply for the above license in accordance with  
Article II of the Teller County Building Code.

Firm Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

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

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

Applicant is: Corporation \_\_\_\_ Partnership \_\_\_\_ Sole Proprietor \_\_\_\_ L.L.C. \_\_\_\_

PROOF OF LEGAL ENTITY (PLEASE CHECK ONE):

\_\_\_\_ General Partnership Recording

\_\_\_\_ Corporate Certificate Of Good Standing

\_\_\_\_ Limited Partnership Certificate Good Standing

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

\_\_\_\_ L.L.C. Recording

\_\_\_\_ Non-Applicable; License To Be Issued Under Examinee's Name

### EXAMINEE'S or MASTER'S INFORMATION – PLEASE PRINT

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Cell#: \_\_\_\_\_ Address: \_\_\_\_\_

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

Email address: \_\_\_\_\_

Affiliation with the firm (Owner, Partner, Officer, Employee): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**THE FOLLOWING TO BE ANSWERED FOR BOTH THE EXAMINEE AND THE FIRM:**

How long in this Region? \_\_\_\_\_ As a Contractor? \_\_\_\_\_

The firm's specialty or type of construction is \_\_\_\_\_.

Has the firm or the examinee ever defaulted on a job, been involved in a lien suit against the firm or the examinee, declared bankruptcy, or been involved in any court suits for collection against the firm or the examinee? \_\_\_\_\_. If so, explain:

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List trade schools attended and dates of completion / list specific types of construction that you have been involved with to show 3 or more years of experience / construction history:

Schools	Date	Course
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Experience History	Dates	Type of Construction
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Has the examinee ever been convicted of a felony? \_\_\_\_\_ If so, explain: \_\_\_\_\_

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# WORKERS' COMPENSATION STATEMENT

**Instructions:** Companies that carry worker's comp initial 1 and 4.  
Sole Proprietorship initial 2, 3, 4.  
LLC or INC companies initial 3, 4, and 5.

As the owner or authorized officer of the above-named company, I state as follows: (Initial all that apply)

- \_\_\_\_\_ 1. The company carries workers' compensation insurance and has provided proof of insurance to the Teller County Building Department.
- \_\_\_\_\_ 2. My company is a registered sole proprietorship and has no employees.
- \_\_\_\_\_ 3. The company does not carry workers' compensation insurance at this time because it does not have any employees. In the event the company hires any employees it will promptly provide proof of workers' compensation insurance to the Teller County Building Department.
- \_\_\_\_\_ 4. I understand that all subcontractors hired by the company will be required to provide proof of workers' compensation insurance, which will be made available to the Teller County Building Department upon request.
- \_\_\_\_\_ 5. As a corporate officer or member of an LLC, I have elected to reject worker's compensation coverage for myself and have filed the Rejection of Coverage form with the Colorado Department of Labor and Employment, Division of Workers' Compensation. A copy of this Rejection of Coverage form has been provided to the Teller County Building Department.

## CERTIFICATION:

I, the undersigned, do hereby submit the within application for a Contractor's License or Registration as the "Examinee" or Master, Partner or Sole Proprietor for named herein. I do hereby expressly represent and warrant that I am acting in the capacity of an agent of said firm, and I hereby agree to accept the responsibility for said company's actions and my own actions in connection with any license that may be granted hereby. I, the undersigned, do hereby swear that the information disclosed herein is true and correct. I understand that under Section 18-8-501 Et. Seq. and 24-12-106 of the Colorado Revised Statutes that making a false statement in this application is a felony, misdemeanor, and / or other offense punishable by Law.

I also understand that it is my responsibility (per Teller County Building Code, Article II) to insure that current insurance certificates, renewal fees, and any address & phone number changes are filed with the Building Department in a timely manner, or that my license may be revoked and re-application would then be required. I understand that

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

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