



Boulder County Land Use Department
 Courthouse Annex Building • 2045 13th Street • PO Box 471
 Boulder, Colorado 80302
 Phone: 303-441-3925 • Fax: 303-441-4856
 Email: ezbp@bouldercounty.org
 Web: www.bouldercounty.org/lu
 Office Hours: Monday — Friday 8 AM to 4:30 PM
 Closed Tuesdays 8 to 10 AM

Intake Stamp

Contractor License #:

Application for Contractor License

Company Name		
President or Principal Name		
Address		Email Address
		Phone
		Fax
City	State	Zip Code

Classification Information

Class A Class B Class C Commercial Mechanical Residential Mechanical Roofing

<input type="checkbox"/> Class M	Type of Work:
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Do you have a valid license in any other jurisdiction(s)?

Yes No

If yes, please list the jurisdiction(s):
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Have you ever applied for a license in any other jurisdiction and been denied?

Yes No

If yes, please list the jurisdiction(s):
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Have you ever had a license in any other jurisdiction that has been revoked or suspended?

Yes No

If yes, please list the jurisdiction(s):	Date of the action against your license(s):
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Provide a statement describing all adverse actions under any other jurisdictions license(s) issued to you noted above.

Lawful Presence

Applicant must provide a valid form of identification as listed in section 1-800 of resolution 2008-19 (Current Colorado Driver's License or Colorado Identification Card issued under Article 2 of Title 42, C.R.S., U.S. Military I.D. card, U.S. Coast Guard Merchant Mariner card, Native American Travel Documents, or such other valid form of identification recognized by the current lawful presence rules of the Colorado Department of Revenue).

I affirm that I am a citizen of the United States.

Yes No

I affirm that I am a legal and permanent resident of the United States.

Yes No

I affirm that I am otherwise lawfully present in the United States pursuant to Federal law.

Yes No

Type Lawful Presence Identification	Identification Number
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License and Testing Information

In order to be granted a contractors license in Boulder County you must provide proof you have passed an appropriate exam or provide a copy of a valid license issued from an ICC participating jurisdiction.

Insurance Information

Workman's Compensation

Name of Insurance Company	Policy Number
Name of Insurance Agent	Policy Expiration Date

Contractor's Liability Insurance

Name of Insurance Company	Policy Number
Name of Insurance Agent	Policy Expiration Date

Attach proof that insurance is provided on an ISO 1998 Form (or most current) with minimum limits of \$600,000.00 combined single limit for each occurrence. Attach a valid endorsement requiring that the insurance may not be cancelled or changed without notice to the Building Official as specified in section 1-800.D. of Resolution 2008-19.

Contractor Responsibility

I hereby confirm that the information contained in this form is accurate. I agree to perform my duties in conformance with all Boulder County regulations and adopted codes and the building contractor licensing provisions of Resolution 2008-19, as amended, which I have read and understand. I agree to notify the Building Division promptly of any change in my status, company name or address, contact information, insurance coverage, lawful presence status, or type of construction activity that I am performing. I further swear that in the business for which I seek licensing here, I will employ only persons who have demonstrated a lawful presence in the United States.

Applicant Signature	Date
Type of Identification	Number

Fee Paid

Amount	Date Received	Type of Payment	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
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Other Required Documentation

Identify and attach all other required identification provided including, but not limited to, insurance certificates, testing information, and/or licenses from other jurisdictions.

License Status

Approved Denied

Approved by:	Approval Date
Title	Boulder County Contractors License Expiration Date