CITY OF ARVADA

Office Use Only
Lic.#
Date:
Fee:
Lic. Class:

Department of Public Works • Building Inspection Division
8101 Ralston Rd, Arvada CO 80002
Fax 720-898-7603 • Office 720-898-7620

CONTRACTOR LICENSE APPLICATION/ELECTRICAL REGISTRATION

Applications for new licenses as well as license renewals must be filled out completely.
Applications must be legibly printed in ink or typewritten.

Applying For (check box below): **Application Date:_____**

CLASS	DESCRIPTION	FEE	CLASS	DESCRIPTION	FEE
☐ 1-B	Builder's Unlimited	$200.00	☐ 6-P	Plumbing Contractor	$75.00
☐ 2-B	Builder's Limited	$150.00	☐ 7-M	Mechanical Contractor	$75.00
☐ 3-B	Builder's Miscellaneous	$ 75.00	☐ 8-D	Building Moving Contractor	$75.00
☐ 4-B	Builder's Sub-Contractor	$ 75.00	☐ 9-E	Electrical Registration	$ 0.00
☐ 5-B	Homeowner's Building	$ 50.00	☐ 9-R	Roofing Contractor	$75.00

Specify Type of Work To Be Done:_____

☐ New License ☐ Renewal ☐ Name Change ☐ Owner Change ☐ Class Change

Firm Name:_____ Phone:_____

Business Address:_____ Emerg. #:_____

City:_____ State:_____ Zip:_____

Email Address:_____

Applicant Intends To Do Business As:

☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Other _____

Local Address If Different Than Address Given Above:

Address:_____ City & State:_____ Zip:_____

PERSONEL LIST OF APPLICANT *

*Below, list legal names and addresses of owners, partners or officers and indicate who is authorized to sign for permits, including those employees authorized to perform such work:

NAME	TITLE	SIGNER	ADDRESS/PHONE

If the applicant is a sole proprietor, name the sole proprietor; if a partnership, name all partners; if a corporation, name president, vice president, secretary, treasurer and registered agent.

** TWO ORIGINAL SIGNATURES REQUIRED ON NEXT PAGE ***

LIST LICENSES OR REGISTRATIONS HELD UNDER THIS OR OTHER NAMES IN OTHER CITIES:

JURISDICTION	TYPE	NUMBER
State of Colorado (if applying for electrical registration)	**Electrical**	
State of Colorado (if applying for plumbing license)	**Plumbing**	

SIGNATURE OF MASTER OR PERSON WHO IS QUALIFIED AND WILL BE RESPONSIBLE FOR THE WORK AUTHORIZED BY THE LICENSE OR REGISTERATION,

SIGNATURE:_____ **PRINT NAME:** _____
(Must also sign below)

JURISDICTION	TYPE	NUMBER

***** PROVIDE COPIES OF LICENSES *****

STATEMENTS MADE ON THIS APPLICATION ARE SUBJECT TO VERIFICATION. FALSE OR MISLEADING INFORMATION MAY BE CAUSE FOR DENIAL, SUSPENSION OR REVOCATION OF THIS LICENSE.

ANY CHANGES MADE IN OWNERSHIP, ADDRESS, PHONE NUMBERS, LICENSED SUPERVISORY PERSONNEL, OR NAME OF COMPANY MUST BE SENT TO THE CITY OF ARVADA, BUILDING INSPECTION DIVISION IMMEDIATELY.

THE UNDERSIGNED HEREBY CERTIFIES THAT THE INFORMATION CONTAINED ON THIS LICENSE APPLICATION TOGETHER WITH ATTACHMENTS, IS ACCURATE AND TRUE AND FURTHER AGREES THAT, IF GRANTED A LICENSE OR ELECTRICAL REGISTRATION TO OPERATE IN THE CITY OF ARVADA, HE/SHE WILL COMPLY WITH ALL CITY OF ARVADA BUILDING, PLUMBING, MECHANICAL, ELECTRICAL AND ANCILLARY CODES AND AMENDMENTS AS ADOPTED BY THE CITY OF ARVADA AND WILL COMPLY WITH THE LICENSE REGULATIONS AND RESPONSIBILITIES OF THE CITY OF ARVADA.

SIGNATURE OF OWNER OR OFFICER:_____ **PRINT NAME:** _____

***** DO NOT WRITE BELOW THIS LINE *****

☐ APPROVED BY:_____

LIMITATIONS:_____

☐ DISAPPROVED ; BY:_____

REASON:_____

NOTE: MOVING LICENSE REQUIRED INSURANCE CERTIFICATE AS FOLLOWS:

___ CONTRACTOR'S PUBLIC LIABILITY/PROPERTY DAMAGE: BODILY INJURY - $250,000 EA. OCCURANCE AND $500,000 AGGRAGATE.

___ CONTRACTOR'S AUTOMOBILE PUBLIC LIBILITY AND PROPERTY DAMAGE: BODILY INJURY - $250,000 EACH PERSON, $500,000 EACH ACCIDENT.

APPLICANTS THAT HAVE NOT HAD A PREVIOUS LICENSE WITH THE CITY OF ARVADA OR ARE MAKING CHANGES IN OWNERS OR COMPANY NAME, SHALL ALSO COMPLETE THE FOLLOWING:

SUPERVISOR INFORMATION:

NAME: _____ **PHONE:**_____

ADDRESS:_____

CITY:_____ **STATE:**_____ **ZIP:**_____

GIVE AFFILIATION WITH FIRM (PARTNER, STOCKHOLDER, ETC.):

ENTER EMPLOYERS, DATES OF EMPLOYMENT AND POSITIONS HELD BELOW:		
EMPLOYER	**DATES**	**POSITION**

ENTER BELOW THREE REFERENCES NOT RELATED TO YOU WHO CAN VERIFY YOUR CONSTRUCTION EXPERIENCE AND TWO THAT CAN VOUCH FOR YOUR CHARACTER:

CONSTRUCTION EXPERIENCE			
NAME	**ADDRESS**	**ZIP**	**PHONE**
CHARACTER REFERENCES			
NAME	**ADDRESS**	**ZIP**	**PHONE**

UNDER WHAT NAMES, WHEN AND WHERE HAVE YOU BEEN WORKING?:

HAS ANY PERSON LISTED UNDER "PERSONNEL LIST OF APPLICANT" EVER HAD A LICENSE IN ARVADA OR HAS BEEN LISTED ON A LICENSE IN ARVADA?

☐ YES ☐ NO IF YES, LIST LICENSE TYPE & COMPANY _____

HAD A LICENSE DENIED IN THE CITY OF ARVADA?;

☐ YES ☐ NO IF YES, LIST LICENSE TYPE & DATE_____

HAD A LICENSE REVOKED OR SUSPENDED IN THE CITY OF ARVADA?:

☐ YES ☐ NO IF YES, LIST LICENSE TYPE, COMPANY, DATE_____

AFFIDAVIT FOR LAWFUL PRESENCE VERIFICATION

Because of Colorado House Bill 06S-1023 (C.R.S. 24-76.5-103), this affidavit is MANDATORY and must be submitted along with a copy of one of the accepted forms of identification to prove lawful presence in the United States. Colorado law now requires that the City of Arvada verify all natural persons 18 years or older or sole proprietors who are applying for a public benefit are lawfully present in the United States prior to receiving the public benefit. A public benefit includes the application or a renewal of a grant, loan, contract, and professional or commercial licenses provided by an agency of the state or local government.

FOR CORPORATIONS/PARTNERSHIPS/COMPANIES ETC. ONLY

The applicant, for whom I am authorized to sign, is NOT a "natural person" or "sole proprietorship," but a corporation, partnership, company or other similar entity. HB 06S-1023 is not applicable.

I understand this sworn statement is required because the applicant has applied for a "Public Benefit." I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the laws of Colorado.

_____	_____	_____
Printed Name and Title of Applicant's Representative	Signature of Applicant's Representative	Date

_____
Name of Business

OR

FOR "NATURAL PERSONS" OR SOLE PROPRIETORS ONLY

I am a "natural person" or a "sole proprietorship," NOT a corporation, partnership, company or other similar entity and MUST complete this affidavit and submit it with the required documentation.

1. I, _____ swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

- ☐ I am a United States citizen; *or*
- ☐ I am a Permanent Resident of the United States; *or*
- ☐ I am lawfully present in the United States pursuant to Federal law.

2. I understand this sworn statement is required by law because I have applied for a "Public Benefit."

3. I understand state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit.

4. I acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the laws of Colorado.

5. I have attached a copy of one of the acceptable documents provided by the state of Colorado and I presented it to the agency as proof of identification that I am at least 18 years of age and I am lawfully in the United States.

_____	_____	_____
Applicant's Printed Name	Applicant's Signature	Date

_____
Name of Business (If applicable)

Revised 08/01/07

ACCEPTED FORMS OF IDENTIFICATION TO PROVE LAWFUL PRESENCE IN THE UNITED STATES:

(1) Valid Colorado Driver's License or valid Colorado Identification card; *or*

(2) United States Military card or a Military Dependent's Identification card; *or*

(3) United States Coast Guard Merchant Mariner Card; *or*

(4) Native American Tribal Card; *or*

(5) In the case of a resident of another state, the driver's license or a state-issued identification card from the state of Alabama, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Minnesota, Mississippi, Missouri, Montana, Nevada, New Hampshire, New Jersey, New York, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, South Dakota, Virginia, West Virginia, or Wyoming. ; *or*

Alternative Identification

If you cannot produce one of the above forms of identification, but can prove that you are lawfully present in the United States, please request a copy of The City of Arvada's Pamphlet outlining the Colorado Department of Revenue's acceptable forms of identification to prove lawful presence.

Waiver Process

If you cannot produce any documentation necessary to prove lawful presence, you may request a waiver. (Form DR 4678). The waiver is available for individuals who:

(a) Due to chronic health or medical condition, lack sufficient mobility to appear in person to apply for a Colorado driver's license or Colorado identification card; or

(b) Due to lack of a permanent physical address in Colorado, do not qualify for a Colorado driver's license or Colorado identification card; or

(c) May lack sufficient documentation to receive a Colorado driver's license or Colorado identification card.

The waiver and all supporting documentation must be presented by you or a representative at a participating Colorado driver's license office, not at the City Department where you are requesting the benefit. Arvada cannot approve the benefit until the waiver process has been completed.