

CITY OF STERLING
CONTRACTOR LICENSE APPLICATION

PLEASE PRINT OR TYPE NEATLY

APPLICANT: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DRIVERS LICENSE #: _____ ST: _____ DATE OF BIRTH: ____/____/____

POSITION: _____
(OWNER, SUPERINTENDENT, FOREMAN)

BUSINESS NAME: _____ PHONE: _____

BUSINESS TYPE: Corporation ☐ Sole Proprietor ☐ Other ☐

Email Address: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

FAX: _____ MOBILE: _____

CHECK THE TYPE OF LICENSE REQUESTED:

_____ Class I General Contractor
Unlimited
\$100.00/Yr.

_____ Class II Residential Contractor
Limited to single family, duplex, triplex and
fourplex \$75.00/Yr.

_____ Class III Jobbers
Limited to nonstructural alteration
of less than \$5000 in value
\$50.00/Yr.

_____ Class IV Subcontractor
One trade or group of related trades
*** Specify Trade** _____
\$50.00/Yr.

_____ Class V Utility Contractor
Construction of water, sewer and drainage systems
\$100.00/Yr.

OFFICE USE ONLY:

License No. _____ Expires ____/____/____ Entered ____/____/____ Class _____

REFERENCES; Section 1

List 3 references that have knowledge of your ability to perform those tasks associated with the type of license for which application is being made.

1. Company Name: _____

Contact Person: _____ Phone: _____

2. Company Name: _____

Contact Person: _____ Phone: _____

3. Company Name: _____

Contact Person: _____ Phone: _____

List the address of two permits applied for in the City of Sterling in the last year that are applicable to the class of license you are requesting and the contractor license number issued to you, by the City of Sterling, for the previous two consecutive years.

PERMITS

LICENSE NUMBER

EQUIVALENT LICENSE Section 2

List current licenses held with other municipalities that have comparable licensing requirements.

Jurisdiction-City/Town	Date	License #	Expiration Date

LICENSE BY TESTING Section 3 (Class I and Class II Contractor Applicants)

If you choose to take the testing option, return copy of the Standardized Contractor Exam testing results to the Public Works Department. You can register for an exam at 1-877-234-6082 or go to www.pearsonvue.com/lcc to register online. For more information www.iccsafe.org/contractor click on Colorado or call 1-888-422-7233, x 5524 certexam@iccsafe.org

Must the required identification and affidavit be submitted in person? Section 4

Personal appearance is not required but the City of Sterling has instituted procedures for verifying that the person applying for the benefit is the person described in the submitted identification and affidavit. The City of Sterling does not require the applicant to appear in person or to submit a notarized copy of an authorized identification that ensures the identification is being produced by the rightful owner of that identification. As long as the identification procedures allow verification of lawful presence, the process is likely acceptable under H.B. 1023. Federal guidelines require a public entity to acquire and retain copies of eligibility documentation, H.B. 1023 does not modify that requirement and the City of Sterling must continue to meet the federal requirements.

****A Drivers License Copy must accompany all applications to ensure identification.****

Insurance Requirements

Each contractor granted a license SHALL SUBMIT a copy of their GENERAL LIABILITY INSURANCE CERTIFICATE with the City listed as Certificate Holder with their application form.

**** Sole Proprietor's must complete page 4 INCLUDING AFFIDAVIT.**

ALL APPLICANTS PLEASE READ PAGE 5 AND SIGN BOTH OF THE SECTIONS BELOW:

AFFIDAVIT-Section 5

Application For: _____ **Sole Proprietor – Sign Affidavit**

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.

I understand that this sworn statement is required by law because I have applied for a public benefit. 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 offense each time a public benefit is fraudulently received.

Signature

Date

Have you ever had a license revoked or denied? _____ YES or _____ NO
If yes, explain below.

Have you ever been convicted of a felony or incarcerated for a period of (12) Twelve consecutive months.
If the answer is yes please include a letter of explanation. YES [] OR NO [].

Signature _____ Date _____

PLEASE READ THE FOLLOWING AND SIGN BELOW Section 6

By signing this application, you affirm familiarity with the ordinances of the City of Sterling regarding building construction and contractor licensing and agree to perform all work in conformance with the ordinances and within the limits of the license held. Your signature also gives the City of Sterling the right to make contact with and inquiries of the people having knowledge of your professional abilities and to verify all information you have supplied. False or misleading statements or misrepresentation of any kind shall be cause for denial of a license or revocation of a granted license. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this application 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 offense each time a public benefit is fraudulently received. I hereby certify that the statements and information contained in this application are to the best of my knowledge true and accurate.

(APPLICANT SIGNATURE)

_____/_____/_____

(DATE)

CITY OF STERLING PUBLIC WORKS DEPARTMENT CODE ENFORCEMENT DIVISION
PO BOX 4000 421 N. 4TH STREET STERLING COLORADO 80751
970-522-9700 FAX 970-521-0632