



300 West Fourth Street Craig, Colorado 81625 Phone: (970) 826-2018 Fax: (970) 824-6539 Email: [gzimmer@ci.craig.co.us](mailto:gzimmer@ci.craig.co.us)

# MOFFAT COUNTY

## APPLICATION FOR CONTRACTOR REGISTRY

Application and Annual Registration Fee: \$60.00  
 Attach a money order, personal, certified or cashier's check payable to Moffat County.

### TYPE OR PRINT LEGIBLY IN INK

|  |  |                |                         |                 |                   |                                     |
|--|--|----------------|-------------------------|-----------------|-------------------|-------------------------------------|
| <b>1. Full name of business (a corporation must corporate name as registered with Secretary of State) and Applicants Name:</b> |  |                |                         |                 |                   |                                     |
| <b>2. Business mailing address:</b>  |  | <b>City</b>    | <b>State</b>            | <b>Zip</b>      | <b>Telephone</b>  |                                     |
| <b>3. Classification(s) applying for:</b>  |  |                | <b>4. Email Address</b> |                 |                   |                                     |
| <b>5. Describe type of Construction:</b>   |  |                |                         |                 |                   |                                     |
| <b>6. Conducting business as:</b>  |  | Individual     | Partnership             | Corporation     |                   |                                     |
| <b>Colorado Corporate Number:</b>  |  |                |                         |                 |                   |                                     |
| <b>7. List Personnel: If an individual, list OWNER. If a partnership, list ALL PARTNERS. List MANAGING EMPLOYEE.</b>           |  |                |                         |                 |                   |                                     |
| <b>Name: (Last)</b>  |  | <b>(First)</b> |                         | <b>(Middle)</b> |                   | <b>Managing Employee</b>            |
| <b>Address:</b>  |  | <b>City</b>    | <b>State</b>            | <b>Zip</b>      | <b>Telephone:</b> |                                     |
| <b>Title or position:</b>  |  | Owner          | Partner                 | RME             | Corp Officer      | <b>Corporate Title (Press, Sec)</b> |
| <b>Name: (Last)</b>  |  | <b>(First)</b> |                         | <b>(Middle)</b> |                   | <b>Managing Employee</b>            |
| <b>Address:</b>  |  | <b>City</b>    | <b>State</b>            | <b>Zip</b>      | <b>Telephone:</b> |                                     |
| <b>Title or position:</b>  |  | Owner          | Partner                 | RME             | Corp Officer      | <b>Corporate Title (Press, Sec)</b> |
| <b>Name: (Last)</b>  |  | <b>(First)</b> |                         | <b>(Middle)</b> |                   | <b>Managing Employee</b>            |
| <b>Address:</b>  |  | <b>City</b>    | <b>State</b>            | <b>Zip</b>      | <b>Telephone:</b> |                                     |
| <b>Title or position:</b>  |  | Owner          | Partner                 | RME             | Corp Officer      | <b>Corporate Title (Press, Sec)</b> |

|  |  |                  |   |                       |
|--|--|------------------|---|-----------------------|
| <b>8. If claiming apprenticeship training complete this section and submit a copy of your apprentice certificate.</b>  |  |                  |   |                       |
| <b>Name of Union</b>   |  | <b>Union No.</b> |   | <b>City</b>           |
| <b>Initiation date</b>   |  |                  | <b>Date of completion</b>                       |                       |
| <b>9. If claiming training or education in lieu of experience, complete this section and submit a copy of college transcripts.</b>   |  |                  |   |                       |
| <b>Name and location of college or university:</b>   |  |                  |   |                       |
| <b>Course of Study</b>   |  | <b>Semesters</b> | <b>Degree</b>                                   | <b>Date Completed</b> |
| <b>10. Describe in detail experience in classification you are requesting. Include any references who can verify your experience such as companies or individuals you have done work for, other Contractors, Building Inspectors, Architects, Engineers.</b> |  |                  |   |                       |
| <b>Please supply complete mailing addresses, phone numbers and/or fax numbers for all references listed.</b>   |  |                  |   |                       |
| <b>List most recent experience first</b>   |  |                  | <b>Employer name &amp; period of employment</b> |                       |
| <b>Journeyman      Foreman      Supervisor      Contractor</b><br><br><b>Other (specify):</b>  |  |                  | <b>Name:</b>                                    |                       |
|  |  |                  | <b>Company:</b>                                 |                       |
| <b>Detail actual trades performed in class applying for:</b>   |  |                  | <b>Address:</b>                                 |                       |
|  |  |                  | <b>Phone:</b>                                   | <b>Fax:</b>           |
|  |  |                  | <b>Email:</b>                                   |                       |
|  |  |                  | <b>Full Time Part Time</b>                      | <b>From - To</b>      |
| <b>Journeyman      Foreman      Supervisor      Contractor</b><br><br><b>Other (specify):</b>  |  |                  | <b>Name:</b>                                    |                       |
|  |  |                  | <b>Company:</b>                                 |                       |
| <b>Detail actual trades performed in class applying for:</b>   |  |                  | <b>Address:</b>                                 |                       |
|  |  |                  | <b>Phone:</b>                                   | <b>Fax:</b>           |
|  |  |                  | <b>Email:</b>                                   |                       |
|  |  |                  | <b>Full Time Part Time</b>                      | <b>From - To</b>      |

|   |                            |                    |
|---|----------------------------|--------------------|
| <b>Journeyman      Foreman      Supervisor      Contractor</b><br><b>Other (specify):</b>   | <b>Name:</b>               |                    |
|   | <b>Company:</b>            |                    |
| <b>Detail actual trades performed in class applying for:</b>  | <b>Address:</b>            |                    |
|   | <b>Phone:</b>              | <b>Fax:</b>        |
|   | <b>Email:</b>              |                    |
|   | <b>Full Time Part Time</b> | <b>From - To</b>   |
| <b>Journeyman      Foreman      Supervisor      Contractor</b><br><b>Other (specify):</b>   | <b>Name:</b>               |                    |
|   | <b>Company:</b>            |                    |
| <b>Detail actual trades performed in class applying for:</b>  | <b>Address:</b>            |                    |
|   | <b>Phone:</b>              | <b>Fax:</b>        |
|   | <b>Email:</b>              |                    |
|   | <b>Full Time Part Time</b> | <b>From - To</b>   |
| <b>11. The following questions pertain to all listed personnel. Each question must be answered. Affirmative answers must be supported by a detailed statement.</b>  |                            |                    |
| <b><u>Yes</u>   <u>No</u></b>   |                            |                    |
| 1) Are there now any unpaid past due bills or claims for labor, materials, or services as a result of any construction contract or work undertaker by you or any organization of which you were a member? |                            |                    |
| 2) Are there now any liens, suits or judgment of record or pending as a result of any construction contract or work undertaker by you or any organization of which you were a member?                     |                            |                    |
| 3) Have you, or any organization of which you were a member had a contractor license, city license or any professional license application denied, suspended or revoked by any other state or county?     |                            |                    |
| 4) Do you have, or plan to have hourly employees?<br>If yes, list insurance provider and policy number:   |                            |                    |
| Insurance Company   | Address                    | Phone      Policy  |
| <b>A copy of your contractors liability insurance must accompany this application</b>   |                            |                    |
| Insurance Company   | Agent                      | Phone      Address |

**12. List the license type and number of any current or previous contractor's license that the applicant has been listed on.**

| Name/Company | License Type | License No. | Current | Previous |
|--------------|--------------|-------------|---------|----------|
|              |              |             |         |          |
|              |              |             |         |          |

**Additional relevant information may be required to verify**

**13. IMPORTANT: The following certification must be signed and dated by each person listed on this application.**

**I certify under penalty of perjury under the laws of the State of Colorado and Moffat County that all statements, answers and representations in the application, including all supplementary statements hereto, are true and accurate to the best of my knowledge, and that I have reviewed the entire contents of this application. I hereby apply for Registration under the provisions of Moffat County Contractor Registry.**

|                  |              |             |
|------------------|--------------|-------------|
| <b>Signature</b> | <b>Title</b> | <b>Date</b> |
| <b>Signature</b> | <b>Title</b> | <b>Date</b> |
| <b>Signature</b> | <b>Title</b> | <b>Date</b> |