



300 West Fourth Street Craig, Colorado 81625 Phone: (970) 824-8151 Fax: (970) 824-6539

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.

There will be a \$20.00 service charge for each dishonored check.

TYPE OR PRINT LEGIBLY IN INK

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

7. If claiming apprenticeship training complete this section and submit a copy of your apprentice certificate.					
Name of Union		Union No.		City	
Initiation date			Date of completion		
8. If claiming training or education in lieu of experience, complete this section and submit a copy of college transcripts.					
Name and location of college or university:					
Course of Study		Semesters		Degree	Date Completed
9. 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.					
Please supply complete mailing addresses, phone numbers and/or fax numbers for all references listed.					
List most recent experience first			Employer name & period of employment		
Journeyman Foreman Supervisor Contractor Other (specify):			Name:		
			Company:		
Detail actual trades performed in class applying for:			Address:		
			Phone:	Fax:	
			Email:		
			Full Time Part Time	From - To	
Journeyman Foreman Supervisor Contractor Other (specify):			Name:		
			Company:		
Detail actual trades performed in class applying for:			Address:		
			Phone:	Fax:	
			Email:		
			Full Time Part Time	From - To	

Journeyman Foreman Supervisor Contractor Other (specify):	Name:		
	Company:		
Detail actual trades performed in class applying for:	Address:		
	Phone:	Fax:	
	Email:		
	Full Time Part Time	From - To	
Journeyman Foreman Supervisor Contractor Other (specify):	Name:		
	Company:		
Detail actual trades performed in class applying for:	Address:		
	Phone:	Fax:	
	Email:		
	Full Time Part Time	From - To	
10. The following questions pertain to all listed personnel. Each question must be answered. Affirmative answers must be supported by a detailed statement.			
			<u>Yes</u> <u>No</u>
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 undertaken 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 undertaken 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? If yes, list insurance provider and policy number:			
Insurance Company	Address	Phone	Policy
A copy of your contractors liability insurance must accompany this application			
Insurance Company	Agent	Phone	Address

11. 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

12. 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.

Signature	Title	Date
Signature	Title	Date
Signature	Title	Date