



# LOVELAND FIRE RESCUE AUTHORITY

## Community Safety Division

Application for Contractor Licensing

410 East Fifth Street

Loveland, CO. 80537



Name of Applicant: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Type of License Applying for (choose only one)

Fire Alarms (S-4)

Fire Suppression (S-5)

Fire Alarm/Electrical licenses, certificates or registrations previously or currently held in other jurisdictions: (Include copies of NICET Certification, Factory Fire Alarm Certificates, licenses, etc. with your application)

Class of License	Years (To/From)	City & Phone #	License #

Have you ever had a license revoked or denied?  Yes  No

If yes, give details: \_\_\_\_\_

List previous construction work history that applies to license being applied for or submit a full resume:

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Indicate below any persons you authorize to pull permits and sign documents under your contractor license:

1)	4)
2)	5)
3)	6)

List 3 references that have knowledge of your ability to perform those tasks associated with type of license:

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

The undersigned applicant affirms familiarity with the ordinances and regulations of the City of Loveland to contact and make inquiries of all persons having knowledge of your professional abilities. Statements made in this application are subject to verification. By signing below, approval is given for the City of Loveland to contact and make inquiries of all persons having knowledge of your professional abilities. False or misleading statements may be cause for disapproval of this application and if a license is granted, for revocation of that license.

I certify that to the best of my knowledge, all statements herein contained are true and accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**City of Loveland Contractor License Application Packet**

Information Required:

- 1) Application filled out and signed (Please Print)
- 2) Signed Affidavit (Faxes are not of acceptable quality)
- 3) Copy of valid identification
- 4) Application Fee: \$125 valid for two years

**PLEASE DO NOT WRITE BELOW THIS LINE - CITY USE ONLY**

For Office Use Only:			
Application Fee:	CK# _____	Amount _____	License No. _____
Affidavit	Received? _____		
ID	Received? _____		
<b>LICENSE STATUS</b>			
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Provisional/ Conditional	
Approved by: _____		Date: _____	
Notes: _____			