

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:

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 _____

Loveland Fire Rescue Authority 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?	_____	
LICENSE STATUS			
<input type="checkbox"/> Approved		<input type="checkbox"/> Denied	<input type="checkbox"/> Provisional/ Conditional
Approved by:		Date:	
Notes:			

This affidavit must be completed. Attach a photocopy of the front and back of one of the following forms of identification: a valid Colorado driver's license or identification card; a United States military card or military dependent's identification card; a United States Coast Guard Merchant Mariner identification card; or a Native American tribal document.

AFFIDAVIT PURSUANT TO C.R.S. 24-76.5-103	
I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):	
<input type="checkbox"/>	I am a United States citizen, or (Valid I.D. must be provided)
<input type="checkbox"/>	I am a legal permanent resident of the United States, or (Alien registration number and valid I.D. must be provided)
<input type="checkbox"/>	I am lawfully present in the United States pursuant to federal law. (Alien registration number and valid I.D. must be provided)
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.	
<hr/> Applicant Signature _____ Date _____	

INTERNAL USE ONLY	Valid forms of identification
<input type="checkbox"/> --current Colorado driver's license, minor driver's license, probationary driver's license, commercial driver's license, restricted driver's license, instruction permit	
<input type="checkbox"/> --current Colorado identification card	
<input type="checkbox"/> --U.S. military card or dependent identification card	
<input type="checkbox"/> --U.S. Coast Guard Merchant Mariner card	
<input type="checkbox"/> --Native American tribal document	
<hr/> The following additional forms of identification are valid per Department of Revenue regulations*	
<input type="checkbox"/> --certificate verifying naturalized status by the United States with photo and raised seal	
<input type="checkbox"/> --certificate verifying U.S. citizenship by the United States with photo and raised seal, e.g., U.S. passport	
<input type="checkbox"/> --valid driver's license from any state of the United States or the Dist. of Columbia excluding AK, HI, IL, MD, MI, NE, NM, NC, OR, TN, TX, UT, VT and WI	
<input type="checkbox"/> --valid immigration documents demonstrating lawful presence, e.g., current foreign passport with current I-551 stamp or visa, current foreign passport with I-94 with asylum status, unexpired Resident Alien card, Permanent Resident card or Employment Authorization card	
<hr/> *A waiver may be available where no identification exists or can be obtained due to a medical condition, homelessness, or insufficient documentation to receive a Colorado I.D. or driver's license. Contact your department director.	

Se puede obtener este documento en Español en la oficina de la Secretaría Municipal.