



300 W 4th Street - Craig, CO
Email: sarellano@ci.craig.co.us
970-826-2024

Procedures of obtaining a Moffat County Contractor License

This license will be valid within Moffat County only. No permits will be issued to anyone who is not registered. Any work that is performed outside of the limits of Moffat County, in the City of Craig, requires you to be a registered City of Craig Contractor, apart from the town of Dinosaur, which is not under the jurisdiction of this building department.

The five designations in the Moffat County Registry:

1. **GC** - General Contractor – can build without limitations
2. **LC** – Limited Contractor – has limitations placed on them by the Moffat County Building Department, based on their experience level.
3. **SC** – Specialty Contractor – this is for contractors who have a specialty such as roofing, concrete painting, drywall, etc.
4. **P** – Plumbing – Plumbing Contractors MUST supply a copy of their current Colorado State plumbing license.
5. **M** - Mechanical

1. **APPLICATION**

Complete and return with any other documentation to support experience (you may include a list of jobs completed and/or copies of other licenses you hold in other cities/counties.) **A license will only be issued once all requirements are met.**

2. **FEE**

All five designations have the same issuance fee amount of \$60. There is an additional yearly renewal fee of \$60 for each designation. Payment for the original issuance must be received before the license will be issued. If registration is revoked, suspended or expired, and additional reinstatement fee of \$60 will be assessed.

3. **REFERENCE VERIFICATION**

Use the attached Reference Verification Form to obtain 4 to 5 people who can verify your work experience for the type of classification you are applying for (such as clients, building inspectors, other contractors, customers, etc.) You may also obtain a reference letter instead. A minimum of four years of experience in your trade or profession is required.

4. **INSURANCE**

Prior to issuance of the license by Moffat County, a Certificate of Liability Insurance and Workers Compensation (if you have employees) must be submitted. Insurance Coverage to be \$500,000 combined single limit.

Contractor Duties and Responsibilities

1. To obtain any necessary permits before commencing work.
2. Call for appropriate inspections in a timely manner (24-hour advanced notice.)
3. To carry and present registration card upon request of the Building Official or his representative.
4. To complete all work authorized by the permit unless good cause can be shown.
5. To perform work contracted without substantial departure or disregard of drawings and/or specifications unless such changes are approved by the Building Official.
6. To meet all the requirements set forth herein.

SUSPENSION AND REVOCATION (LEGAL REMEDIES)

A Contractor's registration may be suspended or revoked for the following reasons:

1. Violation of any provision of the Building Code. This includes agents and employees of registered Contractors.
2. Founded written complaints from the public for failure to complete work; violation of existing building codes: work performed which is determined to be sub-standard by the Building Official; or work which demonstrates a general lack of knowledge or ability in the registered field of work.
3. Failure to carry and/or maintain required liability and workers compensation insurance. Failure to obtain and maintain required State license.
4. Any conduct constituting fraud or misrepresentation in or connected with any activity or activities relating to the building.
5. Failure to fulfill any or all of the duties and responsibilities as specified herein.

**** Homeowners need not be registered to obtain a building permit for work done on their own residence. However, a homeowner can only be issued a permit of the same type every 36 months.**

Procedures

Any person who believes that a registered Contractor failed to properly conduct his/her contract within the terms and conditions of the Moffat County Regulations has the right to file a complaint with the Building Department.

After reviewing the complaint from the public or upon otherwise becoming aware of an alleged violation or grounds for revocation or suspension of the Contractor's registration, the Building Department shall determine if grounds for revocation or a suspension of the registration exists. The Building Official shall determine which of the following action steps are appropriate:

◁ A letter of suspension or revocation may be sent to the Contractor by certified mail, return receipt requested, explaining the violation(s.) If contested, the contractor shall respond in writing to the Building Department within thirty days, stating whether or not he requested an appeal to the Board of Appeals. In the event of an appeal the Contractor shall be notified by certified mail, return receipt requested, at least two days prior to the hearing, stating the date, time, and place of the hearing.

◁ The Building Official may refer the matter directly to the Board of appeals for a decision. The Contractor shall have the right to appear before the Board of Appeals and shall be notified by certified mail, return receipt requested, at least two days prior to the hearing, stating the date, time, and place of the hearing.

In the event of a suspension of the registration, the Building Official or the Board of Appeals shall determine the time period. At the end of the suspension period the Contractor's license shall automatically be reinstated, provided other conditions for the registration are met.

In the event of a revocation of registration, the revocation shall remain in effect until the next anniversary date for renewal of registration. The Building Official shall either grant the registration renewal or submit the application to the Board of Appeals for determination.

PLEASE SUBMIT WITH THIS APPLICATION

License will only be issued when application has been completed, all necessary supporting documents have been received, and fees paid in full.

- ___ Completed application
- ___ 4 to 5 references that verify related work experience (see last page for form)
- ___ Certificate of General Liability Insurance
- ___ Certificate of Workers Compensation Insurance or completed waiver (see below)
- ___ Applicable fee (\$60)
- ___ Copy of current state license if applying for plumber (P) or specialty contractor (SC)
and will complete mobile home setup and repair

WORKERS COMPENSATION WAIVER FORM

Please only complete if you do NOT have any employees

I, _____ do hereby state that my
company, _____ has NO EMPLOYEES and therefore is
exempt from the State of Colorado Workers Compensation requirements. I also understand that
it is my responsibility in the hiring of subcontractors to make certain that they are in compliance
with the State of Colorado Workers Compensation insurance requirements.

Date:

Name:

Signature:



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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 City of Craig.

TYPE OR PRINT LEGIBLY IN INK

| | | | | |
|---|-------|---------|------------------------------|--------------|
| 1. Name of applicant (individual person applying for license): | | | | |
| 2. Full name of business (a corporation must corporate name as registered with Secretary of State): | | | | |
| 3. Business mailing address: | City | State | Zip | Telephone |
| 4. Classification(s) applying for: | | | 5. Email Address | |
| 6. Describe type of Construction: | | | | |
| 7. Conducting business as: Individual Partnership Corporation | | | | |
| Colorado Corporate Number: | | | | |
| 8. List Key Personnel: (Example: owners, partners, and board members) | | | | |
| Name: | | | Managing Employee | |
| Address: | City | State | Zip | Telephone: |
| Title or position: | Owner | Partner | RME | Corp Officer |
| | | | Corporate Title (Press, Sec) | |
| Name: | | | Managing Employee | |
| Address: | City | State | Zip | Telephone: |
| Title or position: | Owner | Partner | RME | Corp Officer |
| | | | Corporate Title (Press, Sec) | |
| Name: | | | Managing Employee | |
| Address: | City | State | Zip | Telephone: |
| Title or position: | Owner | Partner | RME | Corp Officer |
| | | | Corporate Title (Press, Sec) | |

| | | | |
|---|------------------|---|-----------------------|
| 9. 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 | |
| 10. 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 |
| 11. List below all current and past work experience relating to classification you are applying for. | | | |
| 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: | |
| | | 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: | |
| | | 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: | |
| | 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: | |
| | Email: | |
| | Full Time/Part Time | From - To |
| 12. The following questions pertain to all listed personnel. Each question must be answered. Affirmative answers must be supported by a detailed statement. <div style="text-align: right;"><u>Yes</u> <u>No</u></div> | | |
| 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? If yes, list insurance provider and policy number: | | |
| Insurance Company | Address | Phone Policy |
| <p style="text-align: center;">A copy of your contractors liability insurance must accompany this application</p> | | |
| Insurance Company | Agent | Phone Address |

13. 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

14. 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 |

REFERENCE VERIFICATION FORM

I, _____, of _____ certify that I have personally
(print your name) (company name)
known _____ and that I have direct knowledge of his/
(name of applicant)
her experience which I have listed below.

Applicant performed work FROM
Total Years

TO
Months

Level applicant worked at

☐ Journeyman ☐ Foreman ☐ Supervisor
☐ Contractor ☐ Owner/Builder ☐ Other
☐ Full time ☐ Part time

Describe in detail the type of work performed by the applicant
(trades, duties, comments)

Did the applicant demonstrate a level of knowledge and skill expected of a journeyman or better in the craft(s) or trade(s) listed above ☐ Yes ☐ No

Check the one that identifies your business relationship to the applicant.

☐ Employer ☐ Fellow Employee ☐ Journeyman ☐ Union rep
☐ Architect ☐ Engineer ☐ Building Inspector ☐ Other

I, _____, certify that under penalty of perjury under the laws of the State of Colorado that the foregoing is true and correct.

Signature

Date

Address

City

State

Zip

Phone number

Email