

MOFFAT COUNTY, COLORADO

CONTRACTOR REGISTRY

All contractors must be registered in order to conduct business in Moffat County, Colorado. No permits will be issued to anyone not registered.

Contractor: A contractor is any person, firm, partnership or combination thereof who performs work or services for which he or she expects to be paid or in any other way profit financially from their endeavors.

Homeowners need not be registered in order 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 thirty-six (36) months.

There are five designations in the County Registry: 1. GC-General Contractor-can build without limitations. 2. LC-Limited Contractor-has limitations placed on them by the County Building Department, based on their experience level. 3. RC-Restricted Contractor-a person holding this type of designation can only work under the supervision of a General Contractor for a period of two years, after which he may apply for a Limited Contractor designation. 4. SP-Specialty Contractor-this is for contractors who have a specialty such as roofing, concrete or painting and drywall, etc. 5. PM-Plumbing & Mechanical.

CONTRACTOR

Application

Applications must be completed and returned, along with any other supporting documents related to experience (copies of other licenses held, etc.). A \$35.00 non-refundable application and annual registration fee must be included with submittal of applications.

Insurance

Prior to registration with the County, a Certificate of Liability Insurance and Workers Compensation (if you have employees) must be submitted. Coverage to be \$500,000 combined single limit. These documents must include the policy number, name of agent and company, effective date, together with a statement and a copy of an endorsement on said policy requiring that the Building Department be notified (in writing) if it becomes necessary to cancel policy or policies for any reasons.

Experience Requirements

Any license in good standing already held with another jurisdiction or entity will be accepted in lieu of the usual requirements for proof of experience.

A minimum of four (4) years experience in your trade or profession is required. You must be able to provide supporting documents to verify experience, such as technical or formal training, letters from former customers, supervisors, contractors, building officials, or Union Apprenticeships. These documents must be completed by a responsible and qualified individual with direct knowledge of the work performed. A minimum of four letters of reference from people who can verify your work is also required.

Registration by Examination

Applicant may be asked to take an examination to verify suitable knowledge at the discretion of the Building Official. An additional charge of \$25.00 will be assessed.

After meeting all requirements for registration, a registration card will be issued by the Building Official.

CONTRACTOR DUTIES AND RESPONSIBILITIES

1. To obtain any necessary permits before commencing work.
2. Call for appropriate inspections in a timely manner (24 hours advance 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)

The building official may suspend or revoke a contractor's registration as provided for in the section.

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 contracted 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 licenses.
4. Any conduct constituting fraud or misrepresentation in or connected with any activity or activities relating to building.
5. Failure to fulfill any and all of the duties and responsibilities as specified herein.

PROCEDURE

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 to 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 to 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 the 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.

MOFFAT COUNTY BUILDING DEPARTMENT

221 W. Victory Way, Suite 110
 Craig, Colorado 81625
 (970) 824-9149
 (970) 824-9193 (fax)

APPLICATION FOR CONTRACTOR REGISTRY

Application and Annual Registration Fee \$50.00

Attach a money order, personal, certified or cashier's check payable to Moffat County Department

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 Applicant's Name					
2. Business mailing address		City	State	Zip	Telephone
3. Classification(s) applying for			4. Describe type of Construction		
5. Conduction business as <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> 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	Zip	Telephone
Title or position <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> RME <input type="checkbox"/> Corp. Officer				Corporate Title (Pres, Sec)	
Name	(Last)	(First)	(Middle)	Managing Employee	
Address		City	State	Zip	Telephone
Title or position <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> RME <input type="checkbox"/> Corp. Officer				Corporate Title (Pres, Sec)	
Name	(Last)	(First)	(Middle)	Managing Employee	
Address		City	State	Zip	Telephone
Title or position <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> RME <input type="checkbox"/> Corp. Officer				Corporate Title (Pres, Sec)	
7. If claiming apprenticeship training complete this section and submit a copy of your apprenticeship 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 and Period of employment	
	<input type="checkbox"/> Journeyman <input type="checkbox"/> Foreman <input type="checkbox"/> Supervisor <input type="checkbox"/> Contractor <input type="checkbox"/> Other (specify)	Name
	Company	
Detail actual trades performed in class applying for	Address	
	Phone	Fax
	E-mail	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
	From	To
<input type="checkbox"/> Journeyman <input type="checkbox"/> Foreman <input type="checkbox"/> Supervisor <input type="checkbox"/> Contractor <input type="checkbox"/> Other (specify)	Name	
	Company	
Detail actual trades performed in class applying for	Address	
	Phone	Fax
	E-mail	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
	From	To
<input type="checkbox"/> Journeyman <input type="checkbox"/> Foreman <input type="checkbox"/> Supervisor <input type="checkbox"/> Contractor <input type="checkbox"/> Other (specify)	Name	
	Company	
Detail actual trades performed in class applying for	Address	
	Phone	Fax
	E-mail	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
	From	To
<input type="checkbox"/> Journeyman <input type="checkbox"/> Foreman <input type="checkbox"/> Supervisor <input type="checkbox"/> Contractor <input type="checkbox"/> Other (specify)	Name	
	Company	
Detail actual trades performed in class applying for	Address	
	Phone	Fax
	E-mail	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
	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.

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? Yes No

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? Yes No

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? Yes No

4) Do you have, or plan to have hourly employees. Yes No
 If Yes, list insurance provider and policy number:
 Ins. 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
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

12. Additional relevant information may me required to verify qualifications and/or experience.

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 attached 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 _____