



Community Planning and Development
 Office of the Manager/Contractor Licensing
 201 W. Colfax Avenue, Dept. 205, Denver, CO. 80202
 Phone 720-865-2770
 www.denvergov.org/contractor_licensing

CERTIFICATE APPLICATION

Do Not Write In This Space

App. No. _____

Approved

Rejected

Reason _____

By: _____

Date: _____

Certificate #: _____

Application to be printed in ink or typewritten.

Title of Certificate applied for: _____
(Specify Type of Trade, Class of Certificate & Classification: Supervisor, Journeyman or Operator)

Full Legal Name: _____
(Last) (First) (Middle)

Address: _____
(Number & Street) (City & State) (Zip Code)

Birth Date: _____ Telephone No: _____
(mm/dd/yyyy)

Email Address: _____ Cell No: _____ Fax No: _____

Colorado Revised Statute requires individuals applying for certificates to provide:

1. An Affidavit of Lawful Presence stating he/she is lawfully present in the United States.
2. A secure and verifiable form of identification.

If applying for Supervisor Certificate (not a journeyman or operator certificate)

Name of Company: _____ Address: _____
(Number & Street) (City & State) (Zip Code)

EDUCATION

GED Certificate Number:	Date GED Test Taken:						Place GED Test Taken:		
	From		To		Full	Part	Total Hours Completed	Degree or Certificate Received	Brief Description of Area of Study
	Mo.	Yr.	Mo.	Yr.	Time	Time			
High School Name / Address									
Business / Trade School Name / Address									
College / University Name / Address									
College / University Name / Address									
Other School Name / Address									
Apprenticeship Training Name / Address									

EXPERIENCE

Give a detailed description of the work you performed. Be sure to cover in detail the duties performed in any job that you are listing to meet the experience requirement. Indicate time spent on qualifying work if done part-time. Describe type and size of equipment serviced, maintained or installed. Please list present job first. Fill out this section completely. Incomplete or blank work experience applications will be returned or rejected.

1. Employer's Name: _____ Supervisor's Name: _____

Employer's Address: _____ Phone: _____

Date of Employment: From: _____ To: _____ Duties Performed: _____

2. Employer's Name: _____ Supervisor's Name: _____
 Employer's Address: _____ Phone: _____
 Date of Employment: From: _____ To: _____ Duties Performed: _____

3. Employer's Name: _____ Supervisor's Name: _____
 Employer's Address: _____ Phone: _____
 Date of Employment: From: _____ To: _____ Duties Performed: _____

(For listing additional experience, attach extra sheets)

Letters of experience, required from employers past or present (other than the applicant) must verify experience required for the Certificate. If self-employed, the notarized letters should be from other contractors who have hired you or clients/customers that can verify your experience. (Please see Certificate standards at our website www.denvergov.org). Letters of experience must be in the following format:

- a. Must be Original Notarized Letters.
- b. Be on company letterhead if a Company is verifying applicant's experience.
- c. Have exact listing of duties, projects performed and/or equipment operated.
- d. Have exact dates of employment (month & year started; month & year ended).

Note: Please make copies of documents for yourself before submitting the application. Copies cannot be made once the application is submitted.

Licenses or Certificates you currently or previously held		Years		Issued by :	License
Type	Class	From	To	(City, State or Other)	Number

Have you ever had a license or certificate revoked in the City and County of Denver or elsewhere? Yes No

If yes, give detail: _____

Have you ever been fined more than \$ 50.00 or received a jail sentence for any law violation other than traffic tickets? Yes No

If yes, give detail: _____

Applications submitted by mail must include notarized copies of both the Affidavit and the copy of a secure and verifiable identification. In-Person applicants signing the Affidavit at our office and presenting an original secure and verifiable identification do not need to provide notarized copies. Mail-in requirements apply to anyone bringing in documentation who is not the actual applicant.

You will be notified of application approval or rejection within 5 to 7 business days after the application has been processed. (Please note we can only give application status to the individual who applied. After approval, if International Code Council (ICC) testing is required, the applicant must submit a copy of the official ICC pass letter mailed to the applicant after passing the exam. If applying for a Specialty D Certificate there is no test required.

Note: In the event that an application is not approved, the applicant may apply a second time. However, if the application is not approved the second time, there is a six months waiting period before applicants may re-apply.

Statements made in this application are subject to verification and false or misleading statements may be cause for rejection of this application, or, if a certificate is granted, for revocation thereof upon discovery.

I certify all statements made in this application are true and correct to the best of my knowledge and belief and are made in good faith.

Signature of Applicant: _____ Date: _____