



**Loveland Fire Rescue Authority**  
**Community Safety Division**  
**410 East Fifth St**  
**Loveland, CO 80537**



## **Contractor License Application Requirements**

**FAXES AND PICTURES ARE NOT OF ACCEPTABLE QUALITY  
PLEASE SUBMIT ALL DOCUMENTS AS PDF ATTACHMENTS**

### **Application Packet:**

- 1) Application filled out (please print) and signed  
(Application and affidavit must be in Contractor's name)**
- 2) Signed Affidavit**
- 3) Copy of valid identification**
- 4) Application Fee - \$125.00 - Valid for 2 years**
- 5) Copy of state license if applicable**

Email completed forms to: [eplan-fire@LFRA.org](mailto:eplan-fire@LFRA.org)



# Loveland Fire Rescue Authority



Community Safety Division

New Contractor License Application

LFRA License # \_\_\_\_\_

Colorado State Contractor License Number **(S-5 Contractor only)**: \_\_\_\_\_

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

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

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

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

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

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

- Fire Alarms (S-4)
- Fire Suppression (S-5)

**Fire Alarm/Electrical licenses, certificates or registrations previously or currently held in other Jurisdictions (Include copies 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 any previous work history that applies to the license being applied for or submit full resume:

Indicate below any (4) persons you authorize to pull permits and sign documents under your contractor license.

|  |  |
|--|--|
|  |  |
|  |  |

List 3 References that have knowledge of your ability to perform those tasks associated with the license you are applying for:

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 Loveland Fire Rescue Authority. Statements made in this application are subject to verification. By signing below, approval is given for the Loveland Fire Rescue Authority 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 contained herein are true and accurate.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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***(Office Use Only – Do not write below this line)***

Approved: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Date: \_\_\_\_\_

**AFFIDAVIT**

**DIRECTIONS:**

- The individual contractor to be licensed must complete and sign the affidavit below:

I, \_\_\_\_\_, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check **one**):

- I am a United States citizen, or
- I am a Permanent Resident of the United States, or
- I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I am receiving a license from the Loveland Fire Rescue Authority.

I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receiving the public benefit of a contract with a political subdivision of the State of Colorado (*see* C.R.S. §24- 76.5-103).

I acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado, C.R.S. §18-8-503, as perjury in the second degree and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

By checking the second or third option above, I understand that my lawful presence in the United States will be verified through the Federal Systematic Alien Verification of Entitlement Program (SAVE Program).

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

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**INTERNAL USE ONLY – Valid forms of identification (choose **one**)**

- Valid Colorado driver’s license, expiration date: \_\_\_\_\_ \*\*
- Current Colorado identification card, expiration date: \_\_\_\_\_
- United States military card, expiration date: \_\_\_\_\_
- United States Coast Guard Merchant Mariner card
- Native American tribal document
- Original birth certificate from any state of the U.S.
- Certificate verifying naturalized status by U.S. with photo and raised seal
- Certificate verifying U. S. citizenship by U.S. government (e.g. U.S. Passport), expiration date: \_\_\_\_\_
- Order of adoption by a U.S. court with seal of certification
- Out of state driver’s license except IL, UT, and WA, expiration date: \_\_\_\_\_
- Valid immigration documents demonstrating lawful presence (e.g. current I-551 -permanent resident card, current foreign passport with I-94, unexpired resident alien card, permanent resident card or employment authorization card)

\_\_\_\_\_  
LFRA Staff Reviewer

\*\* Note: A Colorado driver’s license or ID card with a black flag that indicates “not valid for federal identification, voting or public benefit purposes” requires additional verification.