



Town of New Castle Administration Department

450 W. Main Street **Phone:** (970) 984-2311

PO Box 90 **Fax:** (970) 984-2716

New Castle, CO 81647 www.newcastlecolorado.org

ELECTRICAL CONTRACTOR REGISTRATION

Fee: None

Applicant Name:		Phone:
Company Name:		
Street Address:		
Mailing Address:		
City, State, Zip:		
State of Colorado License #:		Expiration Date:
Email Address:		
<i>Please include a copy of your state license with this application</i>		
How long have you been in the construction business?		
In what areas?		
List any professional certifications you hold :		
State the location of the largest single contract that you have completed :		
Have you ever defaulted on a contract?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been involved in a lien suit?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or your firm ever filed bankruptcy?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally authorized to sign for your company?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your business: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other		
Have you ever worked for any contractors in New Castle?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give their name(s):		
Who is your bonding and insurance agent or company?		

Liability Insurance

Workers Compensation Insurance

Registration Number:	Date Approved:

All licensees must carry Public Liability and Property Damage Insurance and Worker's Compensation Insurance (unless exempt) at all times.

Worker's Compensation Exemption

I certify that in the performance of the work for which this license is issued, I will not be employing any person(s) so as to become subject to the worker's compensation laws of the State of Colorado. After making such certificate, I agree that if I, as the applicant, become subject to the worker's compensation provisions of the State of Colorado, I shall immediately comply with the provisions of Ordinance Number 98-1 of the Town of New Castle or this registration shall be deemed revoked.

Signature

Before a registration shall be issued, the applicant shall satisfy the Town of New Castle as to his integrity, qualifications, reputation, and financial responsibility. He shall also submit a certificate of insurance to the Town Clerk providing evidence of liability and workmen's compensation insurance in such amounts and subject to such restrictions as the Town may prescribe.

The Town shall devise classifications based upon the licensing category and nature of the work involved, and shall apply the same requirements uniformly to all contractors of that classification.

I certify that the above information is true to the best of my knowledge. I agree to comply with the rules and regulations contained in this application and any/all applicable documents. I understand that failure to do so may result in the suspension of this registration.

I understand that no license will be issued until proof of liability and/or workers compensation insurance is provided.

Signature of Applicant