



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) Copy of valid identification**
- 3) Application Fee - \$125.00 - Valid for 2 years**
- 4) Copy of state license if applicable**

Email completed forms to: eplan-fire@LFRA.org



Loveland Fire Rescue Authority



Community Safety Division

New Contractor License Application

LFRA License # _____

Colorado State Contractor License Number **(S-5 & Underground Fire Line Contractors only)**: _____

Name of Applicant: _____

Name of Business: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Cell: _____ Email: _____

- Fire Alarms (S-4)
- Fire Suppression (S-5)
- Underground Fire Line (S-6)

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 _____

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

Approved: _____

Fee Paid: _____

Date: _____