PLANNING & BUILDING SERVICES DIVISION

P.O. Box 1190
Fort Collins, CO 80522-1190
Planning (970) 498-7683 Building (970) 498-7700
Planning Fax (970) 498-7711 Building Fax (970) 498-7667
http://www. larimer.org/planning

CONTRACTOR LICENSE
ELECTION TO REJECT WORKERS COMPENSATION COVERAGE

Before the Larimer County Building Department can issue or renew a contractor license, the contractor must have on file a Certificate of Workers' Compensation Insurance or must file the below form acknowledging rejection of coverage through the State of Colorado Department of Labor and Employment, Division of Workers' Compensation.

THIS FORM IS FOR THE USE OF THE LARIMER COUNTY BUILDING DEPARTMENT ONLY AND DOES NOT SATISFY REQUIREMENTS OF THE STATE OF COLORADO. CONSULT THE COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT, DIVISION OF WORKERS' COMPENSATION FOR SPECIFIC STATE REQUIREMENTS.

BUSINESS NAME: _____

CONTRACTOR NAME: _____

TYPE OF BUSINESS (circle one):

Sole Proprietorship Partnership Limited Liability Company Corporation

STATE OF COLORADO)
) ss
COUNTY OF LARIMER)

I, as a sole proprietor, or we, as a partnership, limited liability company or corporation, have elected to reject Colorado Workers' Compensation insurance coverage. I/we confirm we are in compliance with all requirements of the State of Colorado Department of Labor and Employment, Division of Workers' Compensation regulations.

Signature: _____ Date: _____

Print Name: _____

Title: _____
Sole proprietor, partner, limited liability member or corporate officer

Subscribed and sworn to me this ____ day of _____, 20__.

My commission expires: _____
NOTARY PUBLIC