



LICENSE RENEWAL INFORMATION FORM

MASTER ELECTRICIAN

Date

City of Fort Collins ME License #

Company Name

License Holder Name

Address/Street

City/State/Zip Code

Office Phone #

Cell Phone #

Fax #

E-Mail Address

City Sales Tax #

Authorized to Sign for Permits
(please print name of authorized person)

Additional info required:

- Copy of valid ID (i.e. Driver's License)
- Immigration Affidavit (if not on file) ME/MP Affidavit
- Copy of State Master & Contractor Electrical License

MASTER PLUMBER

Date

City of Fort Collins MP License #

Company Name

License Holder Name

Address/Street

City/State/Zip Code

Office Phone #

Cell Phone #

Fax #

E-Mail Address

City Sales Tax #

Authorized to Sign for Permits
(please print name of authorized person)

Additional info required:

- Copy of valid ID (i.e. Driver's License)
- Immigration Affidavit (if not on file) ME/MP Affidavit
- Copy of State Master & Contractor Plumber License
- \$75.00 Administration Fee



Contractor Licensing
281 N College Ave. P.O. Box 580
Fort Collins, CO 80526
Phone 970-416-2740 Fax 970-224-6134
www.fcgov.com/nbs/contractor.php

MASTER ELECTRICIAN/PLUMBER AFFIDAVIT

(PLEASE PRINT)

I, _____, _____ do hereby
Name of Company Official Title

state that _____ is employed by _____
ME/MP Name

_____, (Contracting Company), as a full-time employee, in
Company Name

accordance with applicable rules and regulations of the State of Colorado, Department of
Regulatory Agencies, related to Master Electricians and/or Master Plumbers.

Dated this _____ day of _____, _____.

Signature

State of _____)
)ss.
County of _____)

The above Affidavit was acknowledged before me this _____ day of _____
_____, by _____, of
_____.

My Commission Expires:

Notary Public



AFFIDAVIT

Pursuant to section 24-75.5-103(4)(b), C.R.S.

I swear or affirm under penalty of perjury under the laws of the State of Colorado that I am (check one of the following):

_____ A United States citizen; or

_____ A legal Permanent Resident of the United States: or

_____ Otherwise lawfully present in the United States pursuant to federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit as defined by law. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of the public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute § 18-8-503 and it shall constitute separate criminal offense each time a public benefit is fraudulently received.

If I checked 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).

Printed Name

Signature

Date

Company Name

City of Fort Collins License #