

Application Date: _____

Circle those that apply to your application: NEW RENEWAL ACCOUNT CHANGE

Circle type of application: A B C D E MA MB P R

Print clearly and complete the following information:

Contractor Business Name: _____

Owner Name: _____

Email Address: _____

Business Phone: (____)____-____ Alternate Phone: (____)____-____

Fax Number: (____)____-____ Cell Number: (____)____-____

Address: _____

City: _____ State: _____ Zip: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Owner Signature: _____

Account Change Information: (if account change was indicated above, please complete the following)

DC Registration #: _____ Business Name on the account: _____

If changing license type, circle the type of license you will be changing to: A B C D E MA MB PR

Address and all other account changes: _____

General (GC)	A - \$250	B - \$200	C - \$150	D - \$150
Mechanical	MA - \$150	MB - \$150		
Roofing	R - \$150			
Electrical	No Fee	Document requirements of:	State of Colorado Electrical Contractor License	State of Colorado Master Electrical License
Plumbing	No Fee	Document requirements of:	State of Colorado Plumbing Contractor License	State of Colorado Master Plumbing License

Date Paid: _____ Cash r CC r Check r # _____

Fee Amount \$ _____ Clerk: _____