300 W 4th Street Craig, CO 81625 970-826-2024 970-824-6539 (fax) jthompson@ci.craig.co.us

MOFFAT COUNTY
CONTRACTOR REGISTARY RENEWAL FORM

1. Name of Applicant (Person who holds the license)

_____

2. Business Name: _____

3. Mailing Address: _____

_____

4. Email Address: _____

5. Phone Number: _____

6. License Type(s): _____

7. Name of qualified supervisor: _____

Signed _____

Title _____

Date _____

NOTE: IF STATE LICENSED (PLUMBING, DETECTION/ALARM SYSTEMS, ELEVATOR INSTALLTION, MOBILE HOME) PLEASE PROVIDE A COPY OF THE CURRENT STATE LICENSE. IF YOU DO NOT HAVE A CURRENT STATE LICENSE ON FILE, YOU WILL NOT BE ABLE TO PULL PERMITS.