



300 W 4<sup>th</sup> Street – Craig, CO 81625  
Email: sarellano@ci.craig.co.us  
970-826-2024

## MOFFAT COUNTY CONTRACTOR REGISTRY 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.**