



# fort collins contractor licensing

281 N. College Ave., P.O. Box 580; Fort Collins, CO 80522-0580; Voice: 970 221 6767 FAX: 970 224 6134

## CONTRACTOR LICENSE CHANGE NOTIFICATION

PLEASE PRINT

I, \_\_\_\_\_, License # \_\_\_\_\_

hereby change the contractor business name of record to:

New Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone #: \_\_\_\_\_

I hereby designate the following City-approved person(s) as a construction supervisor for the above named business:

_____	Supervisor Name	# _____	Certificate #
_____	Supervisor Name	# _____	Certificate #
_____	Supervisor Name	# _____	Certificate #
_____	Supervisor Name	# _____	Certificate #

Old Business Name: \_\_\_\_\_

Former supervisor: \_\_\_\_\_ (Supervisor=s Name) # \_\_\_\_\_ Certificate #

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Authorized License Holder \_\_\_\_\_ Date \_\_\_\_\_

Return/FAX to: Delynn Coldiron, Contractor Licensing Administrator  
Building and Zoning, City of Fort Collins  
P.O. Box 580  
Ft. Collins, CO 80522  
FAX # 970-224-6134

