Contractor Licensing
281 N. College Ave.
Fort Collins, CO 80524
970-416-2740
970-224-6134 fax
http://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