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

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