



Master Electrician / Master Plumber Registration

- New Registration
Renewal (if any changes, complete new application process)
Reinstatement
Business Name Change

Office Use Only
Issue Date:
Exp. Date:
Registration #
CL#

Business Name

Registrant (Applicant)

Mailing Address

Phone# Mobile# FAX#

E-Mail Address

City of Fort Collins Sales and Use Tax Number

Registration Requested

Master Electrician Master Plumber

The following must be submitted to process this registration request:

Incomplete registration packets will not be accepted

- Copy of current Master Electrician or Master Plumber License
Copy of current Active State of Colorado Contractor's Card
Copy of Picture ID
Immigration Affidavit
Current certificate of general liability insurance (Minimum \$2 million aggregate)
Sales Tax License certificate
Plumber's only - \$200 registration fee

Name of person applying for registration [print]

Signature Date

Office Use Only
\$200 registration fee received Yes No Date Staff
Authorized Signature Date



**Development Review Center**  
281 N. College Ave., Fort Collins, CO 80524  
**contractor\_licensing@fcgov.com**  
970.224.6165

## AFFIDAVIT

**Pursuant to section 24-76.5(4)(b), C.R.S.**

I swear or affirm under penalty of perjury under the laws of the State of Colorado that I am (check **one** of the following):

\_\_\_\_\_ A United States citizen: or

\_\_\_\_\_ A legal Permanent Resident of the United States: or

\_\_\_\_\_ Otherwise lawfully present in the United States pursuant

I understand that this sworn statement is required by law because I have applied for a public benefit as defined by law. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of the public benefit. I further acknowledge that making a false, fictitious or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute §18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

If I checked the second or third option above, I understand that my lawful presence in the United States will be verified through the Federal Systematic Alien Verification of Entitlement Program (SAVE Program).

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
City of Fort Collins License #

\_\_\_\_\_  
City of Fort Collins Certificate #