



Building Division

City and County of Broomfield

Community Development
303.438.6370

1 DesCombes Drive
303.438.6207 FAX

Broomfield, CO 80020
www.broomfield.org

Application for Electrical Registration

This registration will expire concurrently with State Electrical Registration.

Reference: Broomfield Municipal Code Chapter 15-14

<input type="checkbox"/> New Registration <input type="checkbox"/> Renewal - Previous Registration #:		Fee: No Fee
Company Name	State Contractor License #	Phone #
Business Address		Fax #
City	State	Zip Code
Contact Name		E-mail address
Name of Master Electrician		Master License #
** PROVIDE COPY OF DRIVER'S LICENSE OR PHOTO I.D. FOR MASTER ELECTRICIAN **		
PROVIDE COPIES OF STATE MASTER ELECTRICIAN AND CONTRACTOR LICENSES		
Type of Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other: _____ List business owners, officers, partners, or sole proprietor below:		
Name	Title	Address & Phone #
I hereby certify that the statements above constitute a part of this application and are true and correct to the best of my knowledge. I understand that this contractor registration shall be renewed when electrical license renewals are required by the State of Colorado.		
Signature	Print Name	Date
~~~~~ P <b>Official Use Only</b> P ~~~~~		
License Number	By	Date