



CITY OF DELTA BUILDING DEPARTMENT

APPLICATION FOR GAS FITTER'S LICENSE

360 Main Street • Delta, Colorado 81416 • Phone (970) 874-7903 • Fax (970) 874-6931 • Website: www.cityofdelta.net

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_  Mailing Address  
(number, street or PO Box, city, state & zip)

Telephone Number \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_  Mailing Address  
(number street or PO Box, city, state & zip)

Signature \_\_\_\_\_ Date \_\_\_\_\_

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(OFFICE REVIEW ~ DO NOT WRITE WITHIN THIS SPACE)

Application Received \_\_\_\_\_ Date \_\_\_\_\_ Initial \_\_\_\_\_

Receipt # \_\_\_\_\_ Date \_\_\_\_\_

\$10.00 Exam Fee, License Fee or Re-Certification Fee (circle one)  Paid \_\_\_\_\_

Examination Taken \_\_\_\_\_  Copy Attached  
Date Initials Score

Current License from neighboring jurisdiction accepted  Copy Attached

Current Master Plumber License from the State of Colorado accepted  Copy Attached

Certificate Issued  Certificate # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Certificate Denied