



CHANGE IN NAME OR ADDRESS OF REGISTERED CFC FACILITY
CURRENTLY REGISTERED FACILITY

Date: Customer #:

Name:

Address:

Address:

City: Facility State: Facility Zip:

Contact Name:

Contact Phone:

Contact Email:

NAME CHANGE ADDRESS CHANGE

INCLUDE FULL NAME AND ADDRESS:

Name:

Address:

Address:

City: Facility State: Facility Zip:

Contact Name:

Contact Phone:

Contact Email:

Email To: cdphe.cfc@state.co.us
Fax To: (303) 782-0278, Attn: CFC Program
Mail To: Colorado Department of Public Health and Environment
 AIR-IEP-1470 CFC Program
 4300 Cherry Creek Drive South
 Denver, CO 80246-1530