DRMS ePermitting Change of Contact

COLORADO
Division of Reclamation, Mining and Safety
Department of Natural Resources

General Information

Submittal Date

3/27/2024

The ePermitting Contact Change form is used to update the contact information for the Permittee, Permitting and/or Inspection contact information.

Administrator Information

Administrator First Name

Jenniffer

Administrator Last Name

Carlson-Mazza

Administrator Email

jcarlson-mazza@acaproducts.com

Select a Permit Number *

M2022002

Select Contact Type *

Select all that apply

- [x] Permittee Contact
- [x] Permitting Contact
- [x] Inspection Contact
- [x] Additional Annual Fee Contact(s)

Permittee Contact Information

Permittee Company Name

ACA Products, Inc.

Name change requires succession of operator application

Salutation	First Name	Middle Initial	Last Name
Mr	Thomas		Moltz

Address 1

702 Gregg Drive

Address 2

P.O Box 1887

City	State	Zip Code
Buena Vista	CO	812110000

Telephone #	Extension	Fax #
7193953790		7193953794
Digits only, no separators		Digits only, no separators

Email Address

tmoltz@acaproducts.com

Permitting Contact Information

Permitting Company Name

ACA Products, Inc.

Salutation	First Name	Middle Initial	Last Name
Mr	Josh		Criswell

Address 1	Address 2
702 Gregg Drive	P.O Box 1887

City	State	Zip Code
Buena Vista	CO	812110000

Telephone #	Extension	Fax #
7193953790 Digits only, no separators		7193953794 Digits only, no separators

Email Address

jcriswell@acaproducts.com

Inspection Contact Information

Inspection Company Name

ACA Products, Inc.

Salutation	First Name	Middle Initial	Last Name
Mr	Josh		Criswell

Address 1	Address 2
702 Gregg Drive	P.O Box 1887

City	State	Zip Code
Buena Vista	CO	812110000

Telephone #	Extension	Fax #
7193953790 Digits only, no separators		7193953794 Digits only, no separators

Email Address

jcriswell@acaproducts.com

Annual Fee Notice to Copy

Additional people you would like to receive notices of upcoming annual fee/report due dates

Remove Existing Contact?

☐ Remove

Salutation | **First Name** * | **Middle Initial** | **Last Name** *

Josh | Chriswell

Annual Fee Notice Company Name

ACA Products, Inc.

Address 1 | **Address 2**

City | **State** | **Zip Code**

000000000

Telephone # | **Extension** | **Fax #**

Digits only, no separators | Digits only, no separators

Email Address

jcriswell@acaproducts.com

Confirmation

Have you reviewed all the information provided on this form? *

☑ Yes