

DRMS ePermitting Change of Contact



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

General Information

Submittal Date

2/26/2025

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

Brenda

Administrator Last Name

Kerr

Administrator Email

bkerr@bacacountyco.gov

Select a Permit Number *

M2003019

Select Contact Type *

Select all that apply

☒ Permittee Contact ☐ Permitting Contact ☒ Inspection Contact ☐ Additional Annual Fee
Contact(s)

Permittee Contact Information

Permittee Company Name

Baca County

Name change requires succession of operator application

Salutation

Mr

First Name

Troy

Middle Initial**Last Name**

Bishop

Address 1

741 Main Street, Suite 1

Address 2

Suite 1

City

Springfield

State

CO

Zip Code

810730000

Telephone #

7195236532

Digits only, no separators

Extension**Fax #**

7195236584

Digits only, no separators

Email Address

tbishop@bacacountyco.gov

Inspection Contact Information**Inspection Company Name**

Baca County

Salutation

Mr

First Name

Troy

Middle Initial**Last Name**

Bishop

Address 1

741 Main Street, Suite 1

Address 2**City**

Springfield

State

CO

Zip Code

81073

Telephone #

7195236532

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Extension**Fax #**

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Email Address

tbishop@bacacountyco.gov

Confirmation

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



Yes