

Contractor Registration

Name of Contractor		Name of Firm	Name of Firm		
Mailing Address		Mailing Address	Mailing Address		
City, State, ZIP		City, State, ZIP	City, State, ZIP		
Phone		Phone			
	Ţ	YPE OF LICENSE:			
Building	Plumbing	Mechanical		Electrical	
Contractor License Number		Worker's Compensation Car	rier :		
Expiration Date of License		(or reason for exemption):	(or reason for exemption):		
Driver's License Number			-Employer Identification Number:(or reason for exemption):		
PLUMBING ONLY: Provide Master License Nun	nber & Expiration Date	Michigan Employment Secur Employer Number	Michigan Employment Security Commission Employer Number		
copy of the Master Lice statement of authorizat Section 23 A of the State A of Michigan Compiled	inse is also required. If son ion from the licensed cont e Construction Code Act of t Laws, prohibit a person from	Driver's License with this applicance other than the contractor is ractor designating this person has 1972, Act No. 230 of the Public Act on conspiring to circumvent the lices sidential building structure. Violator	s applying s his/her a s of 1972, t nsing requi	for permits, a signed gent. peing Section 125.1523 rements of this state	
Applicant Signature				Date	
	DO NOT WRITE BELO	DW THIS LINE - OFFICE US	SE ONLY		
Application Fee \$\frac{\mathfrak{\partial}}{\partial}\hat{\partial}\hat{\partial}\hat{\partial}\hat{\partial} Additional Information:	Date Received	Receipt Number		Copies Received: Contractor License Driver's License Master Licens (Plumbing)	