

## Contractor Registration



Master Licens (Plumbing)

Name of Contractor		Name of Firm		
Mailing Address		Mailing Address		
City, State, ZIP		City, State, ZIP		
Phone		Phone		
	ТҮ	PE OF LICENSE:		
Building	Plumbing	Mechanical	Electrical	
Contractor License Number  Worker's Compensation Carri		er :		
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 Number & Expiration Date			Michigan Employment Security Commission Employer Number	
copy of the Master Lic statement of authoriza Section 23 A of the Sta A of Michigan Compiled	ense is also required. If some ation from the licensed control te Construction Code Act of 1st d Laws, prohibit a person fron	Driver's License with this applicate the contractor is actor designating this person has 972, Act No. 230 of the Public Acts in conspiring to circumvent the licensidential building structure. Violators	applying for permits, a signed his/her agent.  of 1972, being Section 125.1523 sing requirements of this state	
Applicant Signature			Date	
	DO NOT WRITE BELO	W THIS LINE - OFFICE USE	E ONLY	
Application Fee	Date Received	Receipt Number	Copies Received:	
Additional Information:			Contractor License	