



## CONTRACTOR REGISTRATION FORM

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Licensee for the Company: \_\_\_\_\_

Company Address: \_\_\_\_\_ City: \_\_\_\_\_

State, Zip: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Occupational License Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Trade:     Building     Electrical     Plumbing     Mechanical     Other

Worker's Disability Compensation Insurance Carrier: \_\_\_\_\_

Internal Revenue Employer Identification Number: \_\_\_\_\_

Michigan Employment Security Commission Employer Number: \_\_\_\_\_

If none, Reason for Exemption: \_\_\_\_\_

***SECTION 23a OF THE STATE CONSTRUCTION CODE ACT OF 1972, ACT NO. 230 OF THE PUBLIC ACTS OF 1972, BEING SECTION 123.1523A OF THE MICHIGAN COMPILED LAWS, PROHIBITS A PERSON FROM CONSPIRING TO CIRCUMVENT THE LICENSING REQUIREMENTS OF THIS STATE RELATING TO PERSONS WHO ARE TO PERFORM WORK ON A RESIDENTIAL BUILDING OR A RESIDENTIAL STRUCTURE VIOLATIONS OF SECTION 23a ARE SUBJECTED TO CIVIL FINES.***

Applicant's Signature: \_\_\_\_\_

PRINTED Name: \_\_\_\_\_

### **MUST BE PROVIDED:**

1. Copy of state trade licenses - i.e. masters & contractors licenses
2. Picture I.D. - i.e. Driver's License or Michigan identification card
3. Certificate of insurance