



CONTRACTOR REGISTRATION FORM

Date: _____

Company Name: _____

Licensee for the Company: _____

Company Address: _____

State, Zip: _____ Cell Phone No.: _____

Telephone: _____ Fax: _____

e-mail: _____

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 SUBJECT 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

Information is on file for one calendar only i.e. January 1 – December 31