



Department of Building Safety

PO Box 333, White Cloud, MI 49349-0333 Phone 231-224-3960 Fax 888-825-7654

Contractor Registration Form

(All appropriate information must be provided.)

Please Print

Business Name: _____
As it appears on license

Business Street Address: _____
Number Direction Street

Business Mailing Address (If different than street address): _____
P.O. Box, Suite No, Building Name, etc.

City: _____ State: _____ Zip: _____ +4: _____

Name of Licensee: _____
First M.I. Last

Contact Person (If different than lic. holder): _____
First M.I. Last

Telephone #: _____ Fax #: _____

Email Address: _____

Do you want notices faxed or emailed to you instead of mailing them? FAX EMAIL
Circle One

Driver's License # (**REQUIRED**): _____

Federal Employer ID # (Or reason for exemption): _____

Workers Compensation Insurance Carrier (Or reason for exemption): _____

MESC Employer # (Or reason for exemption): _____

*(Copies of all licenses must be either **sent or faxed** with the registration form.)*

Builder License #: _____ Expiration Date: _____

Mobile Home Dealer License #: _____ Expiration Date: _____

Mobile Home Installer License #: _____ Expiration Date: _____

Electrical Contractor License #: _____ Expiration Date: _____

Master Electrical License #: _____ Expiration Date: _____

Mechanical Contractor License #: _____ Expiration Date: _____

Plumbing Contractor License #: _____ Expiration Date: _____

Master Plumbing License #: _____ Expiration Date: _____

Communications License #: _____ Expiration Date: _____

Sign Contractor License #: _____ Expiration Date: _____

Signature of Licensee: _____ **Date:** _____