



CONTRACTOR REGISTRATION FORM

APPLICANT INFORMATION:

BUSINESS NAME: _____ LICENSEE NAME: _____

ADDRESS: _____
Street or P.O. Box City State Zip

DRIVER'S LICENSE #: _____
(A copy of Driver's License is required) State Issued

Home Phone _____ Cell Phone _____ Work Phone _____

FAX # _____ Email _____

CONTRACTOR'S LICENSE INFORMATION:

LICENSE TYPE/FEE: BUILDER (\$50) ELECTRICAL (\$30) MECHANICAL (\$15) PLUMBING (\$1)

LICENSE/PERMANENT NUMBER: _____ EXPIRES: _____
(A copy of License is required)

WORKMAN'S COMP. CARRIER: _____

FEDERAL I.D. NUMBER: _____

M.E.S.C. NUMBER: _____

**IF YOU CLAIM TO BE SELF-EMPLOYED WITH NO EMPLOYEES, CHECK HERE:*

I CERTIFY THAT I AM THE PERSON LISTED ABOVE, THAT THE INFORMATION FURNISHED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND THAT IF NO WORKMAN'S COMP. CARRIER IS LISTED, I AM EXEMPT UNDER STATE LAW.

SIGNED: _____ DATE: _____

"Section 23a of the State Construction Codes Act of 1972, Act No. 230 of the Public Acts of 1972, being Section 125.1523a of the Michigan Compiled Laws, prohibits a person from conspiring to circumvent the licensing requirements of this State relating to persons who perform work on residential buildings or structures. Violators of Section 23a are subjected to civil fines."

OFFICE USE ONLY:

CITY REGISTRATION NUMBER: _____ EXPIRES: _____

(All Registrations expire 12/31 and must register yearly, except Mechanical contractors which are for the LIFE OF THE LICENSE)

7070 E. 10 Mile Rd., Center Line 48015 - 586-757-6800

www.centerline.gov

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