CONTRACTOR REGISTRATION

Shiawassee County Building Inspections Department
Telephone 989-743-2396 FAX 989-743-2393

NO FEE REQUIRED

DATE OF REGISTRATION _____

COMPANY NAME _____

LICENSED PERSON _____

_____
MAILING ADDRESS

_____
CITY / STATE / ZIP CODE

(____)_____-_____
TELEPHONE NUMBER

(_____)_____-_____
FAX NUMBER

(____)_____-_____
CELL PHONE NUMBER

TYPE OF LICENSE _____

MASTER NUMBER IF APPLICABLE

LICENSE NUMBER _____

_____

EXPIRATION DATE(S) _____

_____

FED I.D. NO. _____

WORKMAN'S COMP CARRIER _____ (IF REQUIRED)

DRIVER'S LICENSE # _____

DATE OF BIRTH _____

ATTEST: The information given is complete, true, and correct. I understand that work is required to be done in accordance with the Michigan Construction Code, and that I am responsible for scheduling all necessary inspections.

_____
LICENSEE SIGNATURE

ALL CONTRACTOR REGISTRATION FORMS MUST BE ACCOMPANIED BY A COPY OF YOUR CONTRACTOR'S LICENSE