



## CONTRACTOR REGISTRATION FORM

Date: \_\_\_\_\_ Registration No. \_\_\_\_\_

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

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

City, State, Zip: \_\_\_\_\_

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

Occupational License Number: \_\_\_\_\_ Expires: \_\_\_\_\_

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: \_\_\_\_\_

Name (PRINT) \_\_\_\_\_

### MUST BE PROVIDED:

- 1) COPY OF STATE BUILDERS LICENSE
- 2) PICTURE ID (i.e. Driver's License, Company Photo I.D.)