

CONTRACTOR REGISTRATION

Shiawassee County Building Inspections Department

Telephone 989-743-2396

Email: comdev@shiawassee.net

NO FEE REQUIRED

DATE OF REGISTRATION _____

COMPANY NAME _____

LICENSED PERSON _____

MAILING ADDRESS _____

CITY / STATE / ZIP CODE _____

(____) _____ - _____
TELEPHONE NUMBER

(____) _____ - _____
FAX NUMBER

(____) _____ - _____
CELL PHONE NUMBER

EMAIL ADDRESS _____

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**