



CITY OF HARPER WOODS
 19617 HARPER AVENUE
 HARPER WOODS, MI 48225
 (313) 343-2524
 FAX: (313) 642-6825

SAFEbuilt.

CONTRACTOR REGISTRATION FORM

If the Federal I.D. number provided is a Social Security number, pursuant to the Michigan Social Security Number Privacy Act, this document contains CONFIDENTIAL INFORMATION

Business Name: _____

Business Owner or Qualifying Officer: _____

Address: _____

Telephone #: _____

Cell Phone #: _____

City, State, Zip _____

Fax #: _____

Contractor License: _____ **Expiration Date:** _____ **E-mail:** _____

Workers Comp Ins. Carrier (or reason for exemption): _____

MESC Employer # (Self Employed): _____ **Federal ID #:** _____

FOR BUILDING & SIGN CONTRACTORS ONLY:

Authorized Signatures – please print (only the contractor and the following named person will be allowed to obtain permits)

FOR ELECTRICAL, PLUMBING & SIGN CONTRACTORS ONLY:

Master/Specialist authorized to obtain permits – please print (copy of mater's/specialist's license(s) must be attached)

Name: _____ Master/Specialist License #: _____

Please be advised that the State of Michigan licensing regulations allow only licensed Electrical/Plumbing contractors and Authorized Master to obtain Electrical/Plumbing permits.

I, the undersigned, hereby certify that the information herein is true and correct to the best of my knowledge.

Signature of Contractor: _____ **Date:** _____

Has appeared in person or has signed this letter in front of a Notary Public whose signature and seal is affixed hereto.

- **Did you remember to include:**
- Copy of licensee's (contractor) driver's license
- Current contractor's licenses, current master's or specialist's license for electrical, plumbing and sign specialists
- Registration fee
- Signature of licensee (contractor) on this form (must be notarized if form is not being submitted in person)

Office Use Only:

Reg # _____ Expires: _____

Licenses Verified Appeared in Person

Initials: _____ Date: _____

Subscribed and sworn to me on this
 _____ day of _____, in the year _____
 Signed _____, Notary Public
 _____ Printed Name
 _____ County, Michigan
 Acting in _____ County, Michigan
 My commission expires: _____