

**FRANKENLUST TOWNSHIP**

2401 Delta Road, Bay City, MI 48706-9340  
 Ph: (989) 686-5300 Fax: (989) 686-5370

**CONTRACTOR REGISTRATION INFORMATION**

\* Effective October 1, 1989, Public Act 135 of 1989, amends the State Construction Code Act, PA 230 of 1972, requiring certain items of information to be on file.

1. The occupational license number of the applicant and expiration date of the license. **Submit a copy of the Master's License, Contractor's License and Driver's License of the person requesting the permit.** There are **No Fee's** for registering.

*We cannot process your contractor's registration or permit(s) until we receive the requested licenses.*

CONTRACTOR'S NAME		
BUSINESS NAME		
BUSINESS ADDRESS		
CITY, STATE & ZIP CODE		
AREA CODE & PHONE NUMBER	FAX NUMBER	TYPE OF LICENSE <b>(CIRCLE ONE)</b>  <b>Building    Electrical</b>  <b>Mech.        Plumbing</b>
CONTRACTOR LICENSE NUMBER	EXPIRATION DATE	
MASTER'S LICENSE NUMBER	EXPIRATION DATE	
EMAIL ADDRESS IF AVAILABLE		

2. The name of each carrier providing Worker's Disability Compensation Insurance to the applicator for exemption.

3. The Internal Revenue code employer identification number or the reason for exemption.

4. The Michigan Employment Security Commission employer number.



***I hereby certify that the information provided by myself on this document is accurate to the best of my knowledge.***

\_\_\_\_\_  
**Signature of Contractor**

\_\_\_\_\_  
**Today's Date**