

LICENSE REGISTRATION/RENEWAL INFORMATION FORM

Type of License Renewal _____
(contractor, plumbing, mechanical, electrical)

Michigan Contractors License Number _____
Expiration Date _____

Contractor Name _____

Business Name _____

Contractor Address _____

City _____ State _____ Zip _____

Contractor Telephone Number _____

Federal Employer I.D. Number _____

Or reason for exemption _____

Workers Comp. Insurance _____

Or reason for exemption _____

MESC Employer Number _____

Or reason for exemption _____

Note: If registering by mail or fax, please attach a photocopy of your contractors license.