

## 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: \_\_\_\_\_

Contractor Email: \_\_\_\_\_

Federal Employer I.D. Number (or reason for exemption): \_\_\_\_\_

\_\_\_\_\_

Workers Comp. Insurance (or reason for exemption): \_\_\_\_\_

\_\_\_\_\_

MESC Employer Number (or reason for exemption): \_\_\_\_\_

\_\_\_\_\_

***Note: Please attach a photocopy of your contractor's license.***

\_\_\_\_\_  
Contractor's Signature