



City of Detroit
Buildings, Safety Engineering and Environmental Department
4th Floor Coleman A. Young Municipal Center
Detroit, Michigan 48226
313-224-3170

APPLICATION FOR RENEWAL OR REGISTRATION OF CONTRACTOR LICENSE

TYPE OF LICENSE OR REGISTRATION (check one)

<input type="checkbox"/> WRECKING	<input type="checkbox"/> AWNING ERECTOR	<input type="checkbox"/> WELDER	<input type="checkbox"/> WINDOW WASHER
<input type="checkbox"/> STEEPLE JACK	<input type="checkbox"/> SIGN ERECTOR	<input type="checkbox"/> RESIDENTIAL BUILDER, MAINTENANCE / ALTERATION	
<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> MECHANICAL	<input type="checkbox"/> ELEVATOR	<input type="checkbox"/> BOILER <input type="checkbox"/> BOILER INSPECTOR <input type="checkbox"/> PLUMBING

BUSINESS

Business Name	Telephone Number (include area code)		
Address (Street Number and Name)	City	State	Zip Code

APPLICANT

Applicant's Address (Street Number and Name)		City	State	Zip Code
E-Mail Address	Driver's License Number	Date of Birth	Last 4 Digits of Social Security Number xxx - xx -	
Applicant's Name (Print)	Applicant's Signature		Telephone Number (include area code)	

SUPERVISING EMPLOYEE

(Supervising employee is the licensed person holding business license. Not applicable for wrecking, sign and awning erectors and window washer licenses.)

Supervising Employee Address (Street Number and Name)		City:	State	Zip Code
E-Mail Address	Driver's License Number	Date of Birth	Last 4 Digits of Social Security Number xxx - xx -	
Supervising Employee Name (Print)	Supervising Employee (Signature)		Telephone Number (include area code)	

IF PARTNERSHIP OR CORPORATION, LIST OFFICERS OR PARTNERS BELOW

Name	Title	Home Address	City	State	Zip Code
Name	Title	Home Address	City	State	Zip Code

APPLICANT'S AFFIDAVIT

I certify the information provided is true and accurate to the best of my knowledge, and the supervising employee has a valid contractor license and continuously working for the above company. I further understand falsification of any statement is cause for cancellation of this registration if issued.

Applicant's Signature: _____ **Title:** _____

NOTARY PUBLIC

Subscribed and sworn to before me this _____ day of _____, 20__

Signature of Notary _____ Printed Name of Notary _____

Notary Public, State of Michigan, County of _____ My Commission Expires _____

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CITY OF DETROIT BUILDINGS, SAFETY ENGINEERING AND ENVIRONMENTAL DEPARTMENT
OFFICIAL USE ONLY

BUILDINGS/WRECKING

<input type="checkbox"/> Contractor Registration	<input type="checkbox"/> Contractor Renewal	Class of License	
Contractor License Number		Expires	Surety Bond Number
Approval (Buildings Signature)			Date

ELEVATORS

<input type="checkbox"/> Journey Person Registration	<input type="checkbox"/> Contractor Registration	<input type="checkbox"/> Limited Journey Person Registration	<input type="checkbox"/> Limited Contractor Registration
<input type="checkbox"/> Journey Person Renewal		<input type="checkbox"/> Contractor Class License Renewal	<input type="checkbox"/> Limited Contractor Renewal
Journey Person License Number		Expires	Limited Journey Person License Number
			Expires
Contractor License Number		Expires	
Approval (Elevator Signature)			Date

BOILERS

<u>Registration</u> <input type="checkbox"/> Installer <input type="checkbox"/> Repairer <input type="checkbox"/> Inspector	<u>Renewal</u> <input type="checkbox"/> Installer <input type="checkbox"/> Repairer <input type="checkbox"/> Inspector	State Contractor License Number	Expires
		National Board. Number or Stamp	Expires
Approval (Boiler Signature)			Date

MECHANICAL

<input type="checkbox"/> Contractor Registration	<input type="checkbox"/> Contractor License Number	Expires	Classification:
Approval (Mechanical Signature)			Date

ELECTRICAL

<input type="checkbox"/> Contractor Registration	<input type="checkbox"/> Contractor Renewal	Contractor License Number	Expires
Approval (Electrical Signature)			Date

PLUMBING

<input type="checkbox"/> Contractor Registration	<input type="checkbox"/> Water Treatment Operator Registration Number	<input type="checkbox"/> Assistant Water Treatment Operator Registration Number	
Contractor License Number		Expires	Master Plumber License Number
			Expires
Approval (Plumbing Signature)			Date