



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

APPLICATION FOR ELECTRICAL CONTRACTOR REGISTRATION

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).

| | | | | |
|---|----------------------------------|---------------|---|----------|
| 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) | |

PARTNERSHIP OR CORPORATION, LIST OFFICERS OR PARTNERS (add additional sheets as needed)

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

MASTER ELECTRICIAN AFFIDAVIT (Supervising Employee)

I certify the information provided is true and accurate to the best of my knowledge, and I have a valid master electrical license and I am continuously and exclusively working for the above company. I further understand falsification of any statement is cause for cancellation of this registration if issued.

Supervising Employee Signature: _____ **Title:** _____ **Date:** _____

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 _____

FOR OFFICE USE ONLY

| | | | | | | |
|--|---|----------------------------|----------|------------------------|----------|---------------------------------|
| <input type="checkbox"/> Contractor Registration | <input type="checkbox"/> Contractor Renewal | Contractor License Number: | Expires: | Master License Number: | Expires: | Community where license issued: |
| Approval (Electrical Signature) | | | | | | Date |