City of Detroit
BSEED
Coleman A. Young Municipal Center
Electrical Inspection Division
2 Woodward Ave., 4th Floor, Room 408
Detroit, MI 48226
(313) 224-3228 or (313) 628-2661

DO NOT WRITE IN THIS SPACE:
CITY OF DETROIT ELECTRICAL DIVISION USE ONLY

LIC NO:_____
REGISTRATION / RENEWAL (circle one)

APPLICATION FOR RENEWAL OR REGISTRATION OF AN ELECTRICAL LICENSE

BUSINESS NAME:_____

ADDRESS:_____

CITY:_____ZIP CODE:_____

EMAIL ADDRESS:_____

BUSINESS
PHONE NO._____

MASTER
ELECTRICIAN'S NAME:_____

IF PARTNERSHIP OR CORPORATION, LIST OFFICERS OR PARTNERS BELOW:

NAME	TITLE	HOME ADDRESS	CITY	ZIP CODE	PHONE NO.

Having read the foregoing application, the applicant deposes and says as follows:

1. That all statements herein are true to the best of his/her knowledge.
2. That the Supervising Employee (Master Electrician) is *continuously and exclusively* employed by this License.

Applicant's Signature:_____

Title:_____

ELECTRICAL DIVISION APPROVAL:

Employee's Initials:_____

Date:_____

ELECTRICAL FIRE ALARMCONTRACTOR'S REGISTRATION/LICENSE APPLICATION

THIS APPLICATION IS FOR:
- ☐ Contractor License
- ☐ Contractor Registration
- ☐ Change of Business Name
- ☐ Change of Contractor/Master
- ☐ New Business License

PART A - BUSINESS INFORMATION

1.NAME UNDER WHICH BUSINESS WILL BE OPERATED _____

2.LAST BUSINESS NAME **(ENTER "NONE" IF THIS IS FIRST LICENSE)** _____

3. BUSINESS ADDRESS _____

4. CITY, STATE, ZIP _____

5.BUSINESS TELEPHONE NUMBER _____ 6. EMAIL ADDRESS _____

7. If firm is a partnership or corporation, give all names, addresses, and titles of partners and officers: _____

_____

PART B - CONTRACTOR **(Skip to Part C if Master and Contractor are the same)**

8. APPLICANTS NAME (Print) _____ 9. DATE OF BIRTH _____ 10. AGE _____
Last First MI Month/Day/Year

11. ADDRESS: _____ 12. PLACE OF BIRTH _____

13. CITY, STATE, ZIP _____

14.TELEPHONE _____ 15. DRIVER'S LICENSE NUMBER _____

I swear that I will abide by the statements in Part D, and that the above information is true.

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

16. _____ _____ _____ _____
CONTRACTOR'S SIGNATURE Notary Public County My commission expires

PART C – FIRE ALARM TECHNICIAN

18. MASTER'S NAME (Print) _____ 19. DATE OF BIRTH _____ 20. AGE _____
Last First MI Month/Day/Year

21. ADDRESS: _____ 22. PLACE OF BIRTH _____

23. CITY, STATE, ZIP _____

24. TELEPHONE _____ 25. DRIVER'S LICENSE NUMBER _____

26. Name of agency that issued my original Master's license:__ _____ 27. Year issued _____

28. Present Master License issued by _____ 29. License Number _____ 30. Year issued _____

31. Last Contractor on which I was Master _____ 32. Year _____

I swear that I do not appear as a Master on any other electrical contractor's license, that I will abide by the statements in Part D, and that the above information is true.

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

34. _____ _____ _____ _____
MASTER'S SIGNATURE Notary Public County My commission expires

PART D - *FALSIFYING THIS APPLICATION IS SUFFICIENT CAUSE FOR REFUSAL TO ISSUE A LICENSE*. STATEMENTS SWORN TO:

(1) Other firms or persons will not be allowed to use this license. (2) Permits will be applied for before starting work. (3) Applicable codes and ordinances will be followed. (4) Licensing community will be notified within 72 hours if Master resigns on this license.

35. SIGNATURES OF BOARD OF ELECTRICAL EXAMINERS:

1. _____ Date

2. _____ Date

3. _____ Date

4. _____ Date

5. _____ Date

6. _____ Date

RECORD OF RENEWALS:

PART E - PREVIOUS CONTRACTOR LICENSING INFORMATION

PREVIOUS CONTRACTOR EXAMINATION PASSED - IF NONE LEAVE BLANK

DATE _____ MUNICIPALITY _____ SCORE _____

CONTRACTOR'S LICENSE HELD WITHIN LAST THREE YEARS YES _____ NO _____

MUNICIPALITY _____ BUSINESS NAME _____

CONFIRMED WITH MUNICIPALITY OR CENTRAL FILE BY: _____

EMPLOYEES NAME

PART F - EXAMINATION SCORES **PASSING SCORE 75%**

EXAM FORM							
EXAM DATE							
EXAM GRADE							
DATE LICENSE WAS GRANTED							

SIGNATURES OF EXAMINERS:

1. _____ DATE: _____

2. _____ DATE: _____

3. _____ DATE: _____