



Buildings, Safety Engineering & Environmental Department
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 CONTRACTOR'S LICENSE

FALSIFICATION IN FILLING OUT THIS APPLICATION IS SUFFICIENT CAUSE FOR REFUSAL TO ISSUE A REGISTRATION.
DO NOT SUBMIT PREVIOUS VERSIONS OF THIS FORM WHICH ARE OBSOLETE PRIOR TO THIS REVISION.

OBsolete FORMS WILL NOT BE ACCEPTED.

BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

EMAIL ADDRESS: _____

BUSINESS
PHONE NO.: _____

MASTER/FIRE ALARM TECH/OR
SIGN SPECIALIST'S
OF RECORD'S NAME: _____

**IF COMPANY IS A PARTNERSHIP OR CORPORATION LIST ALL NAMES, ADDRESSES, AND TITLES OF PARTNERS
AND OFFICERS ON NOTARIZED COMPANY LETTERHEAD SIGNED BY THE CONTRACTOR OF RECORD.**

I certify that the supervising employee (Master Electrician, Fire Alarm Technician, or Sign Specialist of Record) is *continuously and exclusively* employed by this License, and I have read and understood the licensing requirements that accompany this application and that the statements made as part of this application are true, complete, and correct and that no material information has been omitted. By signing the box below, I understand and agree that I am bound by the information on this application.

APPLICANT'S PRINTED NAME:

APPLICANT'S SIGNATURE:

TODAY'S DATE:

DO NOT WRITE BELOW: ELECTRICAL DIVISION APPROVAL ONLY:

EMPLOYEE'S INITIALS:

TODAY'S DATE:



ELECTRICAL SIGN SPECIALTY CONTRACTOR'S REGISTRATION OR LICENSE APPLICATION

THIS APPLICATION IS FOR:

- ☐ Sign Contractor License
- ☐ Sign Contractor Registration
- ☐ Change of Sign Business Name
- ☐ Change of Sign Contractor/ Specialist
- ☐ New Sign Business License/Registration

PASSPORT-SIZED
PICTURE OF
CONTRACTOR OF
RECORD.

**FALSIFICATION IN FILLING OUT THIS APPLICATION IS SUFFICIENT CAUSE FOR REFUSAL TO ISSUE A LICENSE OR REGISTRATION.
DO NOT SUBMIT PREVIOUS VERSIONS OF THIS FORM WHICH ARE OBSOLETE PRIOR TO THIS REVISION.
OBSOLETE FORMS WILL NOT BE ACCEPTED.**

STATEMENTS AFFIRMED TO: (1) OTHER FIRMS OR PERSONS WILL NOT BE ALLOWED TO USE THIS LICENSE. (2) PERMITS SHALL BE APPLIED FOR BEFORE STARTING WORK. (3) APPLICABLE CODES AND ORDINANCES WILL BE FOLLOWED. (4) LICENSING AGENCY SHALL BE NOTIFIED WITHIN 30 DAYS IF SIGN SPECIALIST RESIGNS ON THIS LICENSE AS PER CITY CODE.

PART A – BUSINESS INFORMATION

1. NAME UNDER WHICH BUSINESS WILL BE OPERATED _____
2. LAST BUSINESS NAME (ENTER "NONE" IF THIS IS A FIRST LICENSE) _____
3. BUSINESS ADDRESS _____
4. CITY, STATE, ZIP _____
5. BUSINESS TELEPHONE NUMBER _____
6. EMAIL ADDRESS _____
7. IF FIRM IS A PARTNERSHIP OR CORPORATION, PROVIDE ALL NAMES, ADDRESSES, AND TITLES OF PARTNERS AND OFFICERS ON NOTARIZED COMPANY LETTERHEAD AND SIGNED BY THE CONTRACTOR OF RECORD.

PART B – CONTRACTOR OF RECORD INFORMATION: SKIP TO PART C IF SIGN SPECIALIST AND CONTRACTOR ARE THE SAME.

8. APPLICANT'S NAME (Print) _____
Last First MI
9. DATE OF BIRTH _____
Month/Day/Year
10. AGE _____
11. ADDRESS _____
12. CITY, STATE, ZIP _____
13. TELEPHONE _____

I certify that I will abide by the statements in the green *Statements Affirmed* block above, and I have read and understood the licensing requirements that accompany this application and that statements made as part of this application are true, complete, and correct and that no material information has been omitted. By signing the box below, I understand and agree that I am bound by the information on this application.

APPLICANT'S PRINTED NAME:

APPLICANT'S SIGNATURE:

TODAY'S DATE:

PART C – SIGN SPECIALIST OF RECORD INFORMATION

14. SPECIALIST'S NAME (Print) _____
Last First MI
15. DATE OF BIRTH _____
Month/Day/Year
16. AGE _____
17. ADDRESS _____
18. CITY, STATE, ZIP _____
19. TELEPHONE NO _____
20. EMAIL ADDRESS _____

21. Name of Municipality that issued my original Specialist's license _____ 22. Year issued _____

23. Present Specialist's License issued by _____ 24. License Number _____ 25. Year issued _____

26. Name of last Contractor on which I was Specialist _____ 27. Year _____

I certify that I will abide by the statements in the green *Statements Affirmed* block on page 1, and I have read and understood the licensing requirements that accompany this application and that the statements made as part of this application are true, complete, and correct and that no material information has been omitted. By signing the box below, I understand and agree that I am bound by the information on this application.

APPLICANT'S PRINTED NAME:

APPLICANT'S SIGNATURE:

TODAY'S DATE:

SIGNATURES OF THE BOARD OF ELECTRICAL EXAMINERS:

BOARD MEMBER:	APPROVAL DATE:
1.	
2.	
3.	
4.	
5.	
6.	
7.	

PART D: FOR ELECTRICAL PERSONNEL ONLY

EXAMINATION RESULTS: PASSING SCORE IS 75%

DATE OF EXAM						
EXAM NUMBER						
EXAM SCORE						
DATE LICENSE WAS GRANTED						
RECORDED BY (INITIALS OF APPROVED ELECTRICAL DIVISION EMPLOYEE)						

RECORD OF RENEWALS