



ELECTRICAL, FIRE ALARM, OR SIGN SPECIALTY CONTRACTOR REGISTRATION

A City of Detroit Electrical, Fire Alarm, and/or Sign Specialty Contractor Registration is issued to Electrical Contractors who are licensed by the City of Grand Rapids or the State of Michigan who want to obtain an electrical permit and perform electrical work within the City of Detroit.

For an **INITIAL** Registration, the following is required:

- ✓ Must complete the respective [Electrical Contractor application forms](#).
- ✓ A passport-sized picture of the Electrical Contractor of Record shall be submitted along with the application
- ✓ Clear copies of the current and valid City of Grand Rapids or State of Michigan Electrical, Fire Alarm, or Sign Specialty Contractor's License
- ✓ Clear copies of the current and valid City of Grand Rapids or State of Michigan Master Electrician, Fire Alarm Technician, or Sign Specialist of Record Licenses.
- ✓ Pay the respective Registration fee

For a **RENEWAL** Registration, the following is required:

- ✓ An Electrical Contractor Registration Form (**see the page below**).
- ✓ Clear copies of the current and valid City of Grand Rapids or State of Michigan Electrical, Fire Alarm, or Sign Specialty Contractor's License
- ✓ Clear copies of the current and valid City of Grand Rapids or State of Michigan Master Electrician, Fire Alarm Technician, or Sign Specialist of Record License
- ✓ Pay the respective Registration fee



Buildings, Safety Engineering & Environmental Dpt.
 Electrical Inspection Division
 2 Woodward Ave., 4th Floor,
 Detroit, MI 4822
 (313) 224-3228 or (313) 628-2661

<p>DO NOT WRITE IN THIS SPACE: CITY OF DETROIT ELECTRICAL DIVISION USE ONLY</p> <p>LIC NO: _____</p> <p style="text-align: center;">REGISTRATION / RENEWAL (circle one)</p>

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, 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:	