



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

City of Detroit

APPLICATION FOR ELEVATOR 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

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 and exclusively 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:** _____ **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"/> Journey Registration	<input type="checkbox"/> Contractor Registration	<input type="checkbox"/> Limited Journey Registration	<input type="checkbox"/> Limited Contractor Registration	<input type="checkbox"/> Journey Renewal	<input type="checkbox"/> Contractor License Renewal
					<input type="checkbox"/> Limited Contractor Renewal
Journey License Number:	Expires:	Contractor License Number:	Expires:	Limited Journey License Number:	Expires:
Approval (Elevator Signature) _____					Date _____