

## LICENSING REGISTRATION FORM

IN ORDER TO SERVE YOU BETTER, PLEASE COMPLETE ALL  
QUESTIONS BELOW AND RETURN WITH A "COPY OF YOUR LICENSE".

(THERE IS NO FEE REQUIRED FOR THIS REGISTRATION)

~~PLEASE PRINT~~

1. NAME OF CONTRACTOR \_\_\_\_\_
2. MAILING ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_
3. WORK PHONE NUMBER (     ) \_\_\_\_\_ FAX (     ) \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_ CELL (     ) \_\_\_\_\_
4. LIST YOUR FEDERAL I.D. NUMBER OR YOUR SOCIAL SECURITY NUMBER  
FEDERAL I.D. \_\_\_\_\_ SS # \_\_\_\_\_
5. DO YOU HAVE EMPLOYEE'S ? YES / NO  
IF YES, LIST YOUR (MESC) MICHIGAN EMPLOYMENT SECURITY COMMISSION NUMBER BELOW:  
MESC NUMBER \_\_\_\_\_
6. IF YOU HAVE EMPLOYEE'S, PLEASE LIST YOUR WORKER'S DISABILITY COMPENSATION CARRIER  
BELOW:  
CARRIER'S NAME \_\_\_\_\_
7. LIST THE NAME OF THE PERSON OR COMPANY THAT APPEARS ON LICENSE  
\_\_\_\_\_  
\_\_\_\_\_
8. LIST ALL LICENSE NUMBERS AND EXPIRATION DATES BELOW(BLDG/ ELE/ MECH/ PLMBG/ OTHER.):  
Contractor's # \_\_\_\_\_ Exp Date \_\_\_\_\_ Master's # \_\_\_\_\_ Exp Date \_\_\_\_\_  
Contractor's # \_\_\_\_\_ Exp Date \_\_\_\_\_ Master's # \_\_\_\_\_ Exp Date \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE INCLUDE A COPY OF YOUR CURRENT LICENSE  
WITH THIS FORM AND RETURN TO:

AGS - BUILDING DEPARTMENT

8721 GULL ROAD, SUITE B

RICHLAND, MI 49083

OR FAX TO (269) 629-0601