

LICENSING REGISTRATION FORM

IN ORDER TO SERVE YOU BETTER PLEASE COMPLET ALL QUESTIONS BELOW
AND RETURN WITH A COPY OF YOUR LICENSE

"PLEASE PRINT"

Name of Contractor _____

Mailing Address _____

City _____ State _____ Zip _____

Work Phone # (____) _____ FAX # (____) _____

Email Address _____ Cell # (____) _____

List your Federal ID # **OR** your Social Security Number

Federal ID# _____ SS# _____

Do you have employees? ____YES ____NO

If YES, list your (MESC) Michigan Employment Security Commission number below:

MESC # _____

If you have employees, please list your Workers' Disability Compensation Carrier below:

Carrier's Name _____

List the name of the person or Company that appears on License

List all license numbers **AND** expiration dates below (BLDG/ELE/MECH/PLMB/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
8271 GULL ROAD, SUITE B
RICHLAND, MI 49083

OR FAX TO (269) 629-0601