



**YPSILANTI
TOWNSHIP**
— BUILDING DEPARTMENT —

CONTRACTOR REGISTRATION

SECTION A: CONTRACTOR INFORMATION

COPY OF LICENSE(S) **MUST BE INCLUDED*

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ EMAIL: _____

CONTRACTOR LICENSE#: _____ EXIRATION DATE: _____

MASTER LICENSE #: _____ EXIRATION DATE: _____

WORKERS COMP INS CARRIER: _____ MESC EMP #: _____

FEDERAL EMPLOYER ID #: _____

SECTION B: LICENSE FILING FEE

BUILDING, MECHANICAL, PLUMBING, ELECTRICAL, AND SIGNS.....**\$15.00**

SECTION C: CERTIFICATION

BY SIGNING THE REGISTRATION FORM, I CERTIFY THAT I AM THE PERSON LISTED ABOVE, THE INFORMATION FURNISHED IS TRUE AND ACCURATE TO THE BEST OF MY BELIEF AND IF NO WORKMAN'S COMPENSATION CARRIER IS LISTED, I AM EXEMPT UNDER STATE LAW.



SIGNATURE OF APPLICANT



PLEASE **PRINT** NAME LEGIBLY

DATE