



**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, MECAHICAL, PLUMBING, ELECTRIAL, 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