CONTRACTOR REGISTRATION FORM

SAFEbuilt.

141 S. Almer St. Suite 1 Caro, MI 48723

REG #_____

Office: (989) 262-4546 **Email:** tuscolapermits@safebuilt.com **Website:** www.safebuilt.com/locations/tuscolaco

BUSINESS NAME: _____ EIN ***OR*** SS#_____

ADDRESS: _____
Number **Street Name** **City** **State** **Zip**

PHONE: _____ FAX: _____CELL: _____

EMAIL: _____ OWNER'S NAME:_____SIGNATURE:_____
Printed

THE FOLLOWING TRADE LICENSES ARE THE LEGAL LICENSES ASSOCIATED WITH ABOVE-REFERENCED BUSINESS AND ARE ISSUED THROUGH THE STATE OF MICHIGAN TO BE UTILIZED FOR THE PURPOSES OF PROCUREMENT OF PERMITS FOR CONTRUCTION AND/OR INSTALLATION

⇨ **ELECTRICAL CONTRACTOR LICENSE #**_____EXPIRES_____MASTER#_____EXPIRES_____

LICENSEE SIGNATURE_____ LICENSEE PRINTED NAME_____

⇨ **PLUMBING CONTRACTOR LICENSE #**_____EXPIRES_____MASTER _____EXPIRES_____

LICENSEE SIGNATURE_____ LICENSEE PRINTED NAME_____

⇨ **MECHANICAL CONTRACTOR LICENSE #**_____EXPIRES_____

LICENSEE SIGNATURE_____ LICENSEE PRINTED NAME_____

⇨ **BOILER INSTALL CONTRACTOR LICENSE #**_____EXPIRES_____

LICENSEE SIGNATURE_____ LICENSEE PRINTED NAME_____

⇨ **INSTALLER CONTRACTOR LICENSE #**_____EXPIRES_____

LICENSEE SIGNATURE_____ LICENSEE PRINTED NAME_____

⇨ **RESIDENTIAL BLDR LICENSE #**_____EXPIRES_____

LICENSEE SIGNATURE_____ LICENSEE PRINTED NAME_____

⇨ **MAINTENANCE/ALTERATION LICENSE#**_____EXPIRES_____

LICENSEE SIGNATURE_____ LICENSEE PRINTED NAME_____

CATEGORIES:

____House Wrecking	____Insulation Work	____Masonry
____Painting/Decorating	____Roofing	____Screen/Sash Install
____Siding/Gutters Install	____Swimming Pool Install	____Tile/Marble Work
____Waterproofing Basements		

PLEASE COMPLETE THIS FORM AND RETURN IT WITH A COPY OF YOUR CONTRACTOR LICENSE(S), DRIVER'S LICENSE AND CERTIFICATE OF LIABILITY INSURANCE. YOUR CONTRACTOR LICENSE(S) MUST HAVE YOUR COMPANY NAME LISTED IN ORDER FOR US TO ISSUE YOU A PERMIT. YOU MAY FAX, MAIL OR E-MAIL ALL REQUESTED INFORMATION TO US.