

City of Detroit

Buildings, Safety Engineering and Environmental Department 4th Floor Coleman A. Young Municipal Center Detroit, Michigan 48226 313-224-3170

APPLICATION FOR ELECTRICAL CONTRACTOR REGISTRATION

BUSINESS Business Name Telephone Number (include area code) Address (Street Number and Name) State Zip Code APPLICANT Applicant's Address (Street Number and Name) City State Zip Code E-Mail Address Driver's License Number Date of Birth Last 4 Digits of Social Security Number Telephone Number (include area code) Applicant's Name (Print) Applicant's Signature SUPERVISING EMPLOYEE (Supervising employee is the licensed person holding business license). Supervising Employee Address (Street Number and Name) City: State Zip Code E-Mail Address Driver's License Number Date of Birth Last 4 Digits of Social Security Number xxx - xx -Supervising Employee Name (Print) Supervising Employee (Signature) Telephone Number (include area code) PARTNERSHIP OR CORPORATION, LIST OFFICERS OR PARTNERS (add additional sheets as needed) Title Home Address State Zip Code Name City Title Home Address Name City State Zip Code MASTER ELECTRICIAN AFFIDAVIT (Supervising Employee) I certify the information provided is true and accurate to the best of my knowledge, and I have a valid master electrical license and I am continuously and exclusively working for the above company. I further understand falsification of any statement is cause for cancellation of this registration if issued. **Supervising Employee Signature:** Title: Date: **NOTARY PUBLIC**

Notary Public, State of Michigan, County of					My Commission Expires			
FOR OFFICE USE ONLY								
□ Contractor		Contractor	Contractor License	Expires:	Master License	Expire	es:	Community where license
Registration	<u></u>	Renewal	Number:		Number:			issued:
Approval (Electrical Signature) Date								te

Subscribed and sworn to before me this _____ day of _____, 20

Signature of Notary Printed Name of Notary