



City of Detroit  
 BSEED  
 Coleman A. Young Municipal Center  
 Electrical Inspection Division  
 2 Woodward Ave., 4<sup>th</sup> Floor, Room 408  
 Detroit, MI 48226  
 (313) 628-2661

**DO NOT WRITE IN THIS SPACE:**  
 CITY OF DETROIT ELECTRICAL DIVISION USE ONLY

LIC NO: \_\_\_\_\_  
 REGISTRATION / RENEWAL (circle one)

**APPLICATION FOR RENEWAL OR REGISTRATION OF AN ELECTRICAL LICENSE**

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

BUSINESS  
 PHONE NO. \_\_\_\_\_

MASTER  
 ELECTRICIAN'S NAME: \_\_\_\_\_

**IF PARTNERSHIP OR CORPORATION, LIST OFFICERS OR PARTNERS BELOW:**

NAME	TITLE	HOME ADDRESS	CITY	ZIP CODE	PHONE NO.

Having read the foregoing application, the applicant deposes and says as follows:

1. That all statements herein are true to the best of his/her knowledge.
2. That the Supervising Employee (Master Electrician) is *continuously and exclusively* employed by this License.

Applicant's Signature: \_\_\_\_\_

Title: \_\_\_\_\_

**ELECTRICAL DIVISION APPROVAL:**

Employee's Initials: \_\_\_\_\_

Date: \_\_\_\_\_



# ELECTRICAL CONTRACTOR'S REGISTRATION/LICENSE APPLICATION

**THIS APPLICATION IS FOR:**

- Contractor License
- Contractor Registration
- Change of Business Name
- Change of Contractor/Master
- New Business License

**PART A - BUSINESS INFORMATION**

1. NAME UNDER WHICH BUSINESS WILL BE OPERATED \_\_\_\_\_
2. LAST BUSINESS NAME (ENTER "NONE" IF THIS IS FIRST LICENSE) \_\_\_\_\_
3. BUSINESS ADDRESS \_\_\_\_\_
4. CITY, STATE, ZIP \_\_\_\_\_
5. BUSINESS TELEPHONE NUMBER \_\_\_\_\_ 6. EMAIL ADDRESS \_\_\_\_\_
7. If firm is a partnership or corporation, give all names, addresses, and titles of partners and officers: \_\_\_\_\_

**PART B - CONTRACTOR (Skip to Part C if Master and Contractor are the same)**

8. APPLICANTS NAME (Print) \_\_\_\_\_ 9. DATE OF BIRTH \_\_\_\_\_ 10. AGE \_\_\_\_\_  
Last First MI Month/Day/Year
11. ADDRESS: \_\_\_\_\_ 12. PLACE OF BIRTH \_\_\_\_\_
13. CITY, STATE, ZIP \_\_\_\_\_
14. TELEPHONE \_\_\_\_\_ 15. DRIVER'S LICENSE NUMBER \_\_\_\_\_
- I swear that I will abide by the statements in Part D, and that the above information is true.**
17. Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_
16. \_\_\_\_\_  
CONTRACTOR'S SIGNATURE Notary Public County My commission expires

**PART C - MASTER ELECTRICIAN (Master License and Contractor License must be for the same year)**

18. MASTER'S NAME (Print) \_\_\_\_\_ 19. DATE OF BIRTH \_\_\_\_\_ 20. AGE \_\_\_\_\_  
Last First MI Month/Day/Year
21. ADDRESS: \_\_\_\_\_ 22. PLACE OF BIRTH \_\_\_\_\_
23. CITY, STATE, ZIP \_\_\_\_\_
24. TELEPHONE \_\_\_\_\_ 25. DRIVER'S LICENSE NUMBER \_\_\_\_\_
26. Name of agency that issued my original Master's license: \_\_\_\_\_ 27. Year issued \_\_\_\_\_
28. Present Master License issued by \_\_\_\_\_ 29. License Number \_\_\_\_\_ 30. Year issued \_\_\_\_\_
31. Last Contractor on which I was Master \_\_\_\_\_ 32. Year \_\_\_\_\_
- I swear that I do not appear as a Master on any other electrical contractor's license, that I will abide by the statements in Part D, and that the above information is true.**
33. Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_
34. \_\_\_\_\_  
MASTER'S SIGNATURE Notary Public County My commission expires

**PART D - FALSIFYING THIS APPLICATION IS SUFFICIENT CAUSE FOR REFUSAL TO ISSUE A LICENSE. STATEMENTS SWORN TO:**

(1) Other firms or persons will not be allowed to use this license. (2) Permits will be applied for before starting work. (3) Applicable codes and ordinances will be followed. (4) Licensing community will be notified within 72 hours if Master resigns on this license.

**35. SIGNATURES OF BOARD OF ELECTRICAL EXAMINERS:**

- |                  |                  |
|------------------|------------------|
| 1. _____<br>Date | 4. _____<br>Date |
| 2. _____<br>Date | 5. _____<br>Date |
| 3. _____<br>Date | 6. _____<br>Date |

**RECORD OF RENEWALS:**

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**PART E - PREVIOUS CONTRACTOR LICENSING INFORMATION**

PREVIOUS CONTRACTOR EXAMINATION PASSED - IF NONE LEAVE BLANK

DATE \_\_\_\_\_ MUNICIPALITY \_\_\_\_\_ SCORE \_\_\_\_\_

CONTRACTOR'S LICENSE HELD WITHIN LAST THREE YEARS YES \_\_\_\_\_ NO \_\_\_\_\_

MUNICIPALITY \_\_\_\_\_ BUSINESS NAME \_\_\_\_\_

CONFIRMED WITH MUNICIPALITY OR CENTRAL FILE BY: \_\_\_\_\_

EMPLOYEES NAME

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**PART F - EXAMINATION SCORES**

**PASSING SCORE 75%**

<b>EXAM FORM</b>							
<b>EXAM DATE</b>							
<b>EXAM GRADE</b>							
<b>DATE LICENSE WAS GRANTED</b>							

**SIGNATURES OF EXAMINERS:**

1. \_\_\_\_\_ DATE: \_\_\_\_\_

2. \_\_\_\_\_ DATE: \_\_\_\_\_

3. \_\_\_\_\_ DATE: \_\_\_\_\_

