



**Buildings, Safety Engineering & Environmental  
Department**  
**Electrical Inspection Division**  
 2 Woodward Ave., 4<sup>th</sup> Floor, Room 408  
 Detroit, MI 48226  
 (313) 224-3228 or (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 CONTRACTOR'S LICENSE**  
 FALSIFICATION IN FILLING OUT THIS APPLICATION IS SUFFICIENT CAUSE FOR REFUSAL TO ISSUE A REGISTRATION.  
 DO NOT SUBMIT PREVIOUS VERSIONS OF THIS FORM WHICH ARE OBSOLETE PRIOR TO THIS REVISION.  
**OBSOLETE FORMS WILL NOT BE ACCEPTED.**

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

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

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

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

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

MASTER/FIRE ALARM TECH/OR  
SIGN SPECIALIST'S  
OF RECORD'S NAME: \_\_\_\_\_

**IF COMPANY IS A PARTNERSHIP OR CORPORATION LIST ALL NAMES, ADDRESSES, AND TITLES OF PARTNERS AND OFFICERS ON NOTARIZED COMPANY LETTERHEAD SIGNED BY THE CONTRACTOR OF RECORD.**

**& Environmental Department**

I certify that the supervising employee (Master Electrician, Fire Alarm Technician, or Sign Specialist of Record) is *continuously and exclusively* employed by this License, and I have read and understood the licensing requirements that accompany this application and that the statements made as part of this application are true, complete, and correct and that no material information has been omitted. By signing the box below, I understand and agree that I am bound by the information on this application.

**APPLICANT'S PRINTED NAME:**

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**APPLICANT'S SIGNATURE:**

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**TODAY'S DATE:**

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**DO NOT WRITE BELOW: ELECTRICAL DIVISION APPROVAL ONLY:**

<b>EMPLOYEE'S INITIALS:</b>	
<b>TODAY'S DATE:</b>	



# ELECTRICAL CONTRACTOR'S LICENSE OR REGISTRATION APPLICATION

PASSPORT-SIZED  
PICTURE OF  
CONTRACTOR OF RECORD.

- THIS APPLICATION IS FOR:**
- Electrical Contractor License
  - Electrical Contractor Registration
  - Change of Electrical Business Name
  - Change of Electrical Contractor/Master
  - New Electrical Business License/Registration

**FALSIFICATION IN FILLING OUT THIS APPLICATION IS SUFFICIENT CAUSE FOR REFUSAL TO ISSUE A LICENSE OR REGISTRATION. DO NOT SUBMIT PREVIOUS VERSIONS OF THIS FORM WHICH ARE OBSOLETE PRIOR TO THIS REVISION. OBSOLETE FORMS WILL NOT BE ACCEPTED.**

**STATEMENTS AFFIRMED TO:** (1) OTHER FIRMS OR PERSONS WILL NOT BE ALLOWED TO USE THIS LICENSE. (2) PERMITS SHALL BE APPLIED FOR BEFORE STARTING WORK. (3) APPLICABLE CODES AND ORDINANCES WILL BE FOLLOWED. (4) LICENSING AGENCY SHALL BE NOTIFIED IMMEDIATELY IF MASTER ELECTRICIAN RESIGNS ON THIS LICENSE, AND THE ELECTRICAL CONTRACTOR SHALL HAVE 30 DAYS TO SECURE ANOTHER MASTER OF RECORD AS PER CITY CODE. .

## 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, PROVIDE ALL NAMES, ADDRESSES, AND TITLES OF PARTNERS AND OFFICERS ON PROPERLY NOTARIZED COMPANY LETTERHEAD AND SIGNED BY THE CONTRACTOR OF RECORD.

## PART B – CONTRACTOR OF RECORD INFORMATION: 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. CITY, STATE, ZIP \_\_\_\_\_
13. TELEPHONE \_\_\_\_\_

I certify that I will abide by the statements in the green *Statements Affirmed* block above, and I have read and understood the licensing requirements that accompany this application and that statements made as part of this application are true, complete, and correct and that no material information has been omitted. By signing the box below, I understand and agree that I am bound by the information on this application.

CONTRACTOR OF RECORD'S PRINTED NAME: \_\_\_\_\_

CONTRACTOR OF RECORD'S SIGNATURE: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

## PART C - MASTER ELECTRICIAN OF RECORD

14. MASTER'S NAME (Print) \_\_\_\_\_ 15. DATE OF BIRTH \_\_\_\_\_ 16. AGE \_\_\_\_\_  
LAST FIRST MI MONTH/DAY/YEAR
17. ADDRESS \_\_\_\_\_
18. CITY, STATE, ZIP \_\_\_\_\_
19. TELEPHONE \_\_\_\_\_ 20. EMAIL ADDRESS \_\_\_\_\_
21. NAME OF MUNICIPALITY THAT ISSUED MY ORIGINAL MASTER'S LICENSE: \_\_\_\_\_ 22. YEAR ISSUED \_\_\_\_\_

23. PRESENT MASTER'S LICENSE ISSUED BY \_\_\_\_\_ 24. LICENSE NUMBER \_\_\_\_\_ 25. YEAR ISSUED \_\_\_\_\_

26. NAME OF LAST CONTRACTOR ON WHICH I WAS MASTER \_\_\_\_\_ 27. YEAR \_\_\_\_\_

I certify that I do not appear as a Master Electrician on any other electrical contractor license, that I will abide by the statements in the green *Statements Affirmed* block on page 1, and I have read and understood the licensing requirements that accompany this application and that statements made as part of this application are true, complete, and correct and that no material information has been omitted. By signing the box below, I understand and agree that I am bound by the information on this application.

MASTER ELECTRICIAN'S PRINTED NAME:

MASTER ELECTRICIAN'S SIGNATURE:

TODAY'S DATE:

**SIGNATURES OF THE BOARD OF ELECTRICAL EXAMINERS:**

BOARD MEMBER:	APPROVAL DATE:
1.	
2.	
3.	
4.	
5.	
6.	
7.	

**PART D: FOR ELECTRICAL PERSONNEL ONLY**

EXAMINATION RESULTS: PASSING SCORE IS 75%

DATE OF EXAM						
EXAM NUMBER						
EXAM SCORE						
DATE LICENSE WAS GRANTED						
RECORDED BY (INITIALS OF APPROVED ELECTRICAL DIVISION EMPLOYEE)						

**RECORD OF RENEWALS**