

City of Lansing
Building Safety Office
316 N. Capitol Ave., Suite C-1
Lansing, Michigan 48933-1238
(517) 483-4355

Contractor Registration

Date: _____

Contractors Name as it appears on State License:

Name Contractor uses (if different from above)

Owners Name: _____

Business Address: _____

Business Phone: (____) _____ - _____

Alternate Phone: (____) _____ - _____

State License Number: _____

Expiration Date: ____/____/____

Federal Employer Number: ____ - ____ - ____ - ____ - ____

MESC Employer Number: ____ - ____

Worker's Comp. Insurance Carrier: _____

Reason for exemption, if any: _____

Type of License to be registered: _____

Is the Master or Qualifying Officer the Owner of the company YES / NO (circle one)

Signature: _____

This Form must be accompanied by the appropriate **fee(s)**, payable to "City of Lansing", a legible photocopy of each license to be registered and a legible photocopy of your Drivers License or State of Michigan ID Card. Registrations of electrical licenses must have a copy of both the contractor's and master's licenses.