

**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:

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Name Contractor uses (if different from above)

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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.