Contractor Registration Form

City of Troy
500 W Big Beaver, Troy MI 48084
248-524-3344
buildinginspection@troymi.gov

If the Federal I.D. number provided is a Social Security number, pursuant to the Michigan Social Security Number Privacy Act, this document contains CONFIDENTIAL INFORMATION

Business Name: _____

Business Owner or Qualifying Officer: _____

Address: _____ **Telephone #:** _____

_____ **Cell Phone #:** _____

City, St., Zip _____ **Fax #:** _____

Contractor License #: _____ **Expiration date:** _____

E-mail: _____

Workers Comp Ins. Carrier (or reason for exemption): _____

Federal I.D. # (or reason for exemption): _____

Drivers License #: _____

MI Employment Security Commission # (or reason for exemption): _____

BSA Username: _____ **BSA Email**: _____

Please circle your registration type

Building Mechanical Electrical Sign Fence Plumbing Fire Alarm

FOR BUILDING & MECHANICAL CONTRACTORS ONLY:
Authorized Signatures – please print (only the contractor and the following names will be allowed to obtain permits):

_____

FOR ELECTRICAL, PLUMBING & SIGN CONTRACTORS ONLY:
Master/Specialist authorized to obtain permits – please print (copy of master's/specialist's license(s) must be attached)
Name: _____ Master/Specialist License #: _____

Please be advised that the State of Michigan licensing regulations allow only licensed Electrical/Plumbing Contractors and Authorized Master to obtain Electrical/Plumbing permits.

I, the undersigned, hereby certify that the information herein is true and correct to the best of my knowledge.

Signature of Contractor: _____ **Date:** _____