

# Livingston County Building Department

Phone # 517-546-3240 Fax # 517-546-7461

## BUILDER/CONTRACTOR REGISTRATION FORM (PLEASE PRINT)

Company Name

Address

City, State & Zip

Office Phone

Email

Cell Phone

Fax #

### Licensing Information

Licensee Name

Contractor License Number

Expiration Date

\$15.00

Master License Number

Expiration Date

\$15.00

### Type of License

Building

Electrical

Mechanical

Plumbing

Boiler

PRINT YOUR NAME

\_\_\_\_\_  
SIGNATURE OF LICENSE HOLDER & DATE

(\*\*\* Only license holder may sign.)

**\*\*We need a photo copy of all Licenses and the Drivers License of the License holder \*\***

**\*\*\* \$15.00 Registration Fee due per license\*\*\***

### Office Use Only

Verify Picture I.D. Signature:

Types of I.D.

\_\_\_\_\_ In Person

\_\_\_\_\_ Drivers License

\_\_\_\_\_ Other

\_\_\_\_\_ By Mail

\_\_\_\_\_ State I.D.

State I.D./Drivers Lic.# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Verified By \_\_\_\_\_