



Birch Run Township
8425 Main St
PO Box 152
Birch Run, Michigan 48415
Ph # (989) 624-9773 Fax # (989) 624-1177

CONTRACTOR REGISTRATION FORM

Date: _____

Fee: \$15.00

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Email Address: _____

Trade: Building Electrical Plumbing Mechanical Other: _____

1. Occupational License Number: _____

Expiration Date: _____

2. Worker's Disability Compensation Insurance Carrier: _____

(a.) Work Comp #: _____ (provide a copy of Workman's Comp Certificate)

(b.) **OR** - Reason for Exemption: No Employee's **or** (provide a 'Disability Exemption Form' can be acquired by calling (517) 284-8922 Compliance & Employer Records Division)

3. Internal Revenue Code, Employer Identification Number: _____

Reason for Exemption: _____

4. Michigan Employment Security Commission Number: _____

Reason for Exemption: _____

Section 23a of the State Construction Code Act of 1972, Act No. 230 of the public acts of 1972, being section 125.1523a of the Michigan Compiled Laws prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or a residential structure. Violators of section 23a are subject to civil fines.

Applicant's Signature: _____

TO BE PROVIDED: 1.) COPY OF STATE LICENSE 2.) PICTURE ID (I.E. DRIVERS LICENSE, COMPANY I.D.)
 3.) WORKMANS COMP. CERTIFICATE (**OR**) PROVIDE A DISABILITY EXEMPTION FORM (PER 2B ABOVE)

Check# _____ Cash _____ CC _____ Date _____ Initials _____