

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. #: \_\_\_\_\_

Drivers License #: \_\_\_\_\_

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: \_\_\_\_/\_\_\_\_/\_\_\_\_