

BEDFORD TOWNSHIP ANNUAL CONTRACTOR REGISTRATION (02/11)**TELEPHONE: 734-847-6791 X130****FAX: 734-847-3653**

REGISTRATION NUMBER:(Office) _____	FILED DATE: _____	RECEIPT NUMBER:(Office) _____
CONTRACTOR: _____	ADDRESS: _____	PHONE NUMBER: FAX NUMBER: _____
E-MAIL ADDRESS: _____		MOBILE NUMBER: _____
TYPE OF LICENSE: <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Building <input type="checkbox"/> Mobile Home	LICENSE EXPIRATION DATE: _____	LICENSE NUMBER: _____
FEDERAL ID NUMBER: _____	MESC NUMBER: _____	W/C NUMBER: _____

I understand an annual contractor registration in the amount of \$25.00, per held license, is required with Bedford Township, and shall run with the dates of the valid State of Michigan license.

Contractor's Signature: _____

PLEASE PROVIDE:

- Copy of the Michigan State License
- Check in the Amount of \$25.00
- Copy of Driver's License
- Notarized Letter of Authorization (if applicable) – Identify all persons permitted by the licensed contractor to apply, pick-up, sign, pay for or request inspections for a pulled permit under this license number.

DATE

BEDFORD TOWNSHIP