

BEDFORD TOWNSHIP ANNUAL CONTRACTOR REGISTRATION (02/11)

8100 Jackman Road, Temperance, MI 48182

PHONE: 734-224-7330

FAX: 734-847-3653

CONTRACTOR:	COMPLETE 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: _____ LICENSEE NAME: _____	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

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

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