

CLARENCE TOWNSHIP  
27052 R DRIVE NORTH  
ALBION, MI 49224  
517-857-2288  
FAX 517-857-2499

CONTRACTOR REGISTRATION

NAME \_\_\_\_\_ LAST/OR BUSINESS \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ STREET OR PO BOX \_\_\_\_\_  
NUMBER

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

LICENSE INFORMATION

TYPE \_\_\_\_\_

PERMANENT NUMBER \_\_\_\_\_ EXPIRES \_\_\_\_\_

INSURANCE CARRIER \_\_\_\_\_ EXPIRES \_\_\_\_\_

FEDERAL I.D. NUMBER \_\_\_\_\_

**I CERTIFY THAT I AM THE PERSON LISTED ABOVE, THAT THE INFORMATION FURNISHED IS TRUE AND CORRECT TO THE BEST OF MY BELIEF AND THAT IF NO INSURANCE CARRIER IS LISTED I AM EXEMPT UNDER STATE LAW.**

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_