

**Application for Change of the Contractor of Record  
on an Electrical/Fire Alarm/Sign Contractor's License**  
Michigan Department of Licensing and Regulatory Affairs  
Bureau of Construction Codes / Electrical Division  
P.O. Box 30255, Lansing, MI 48909  
517-241-9320  
E-Mail: [bccelec@michigan.gov](mailto:bccelec@michigan.gov)  
[www.michigan.gov/bcc](http://www.michigan.gov/bcc)

Agency Use Only

**Fee: \$30.00**

Authority: 1956 PA 217	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
Penalty: Failure to provide the information may result in denial of your request.	

**Instructions:**

- Enclose a check made payable to the **State of Michigan**.
- Mail completed application and payment to the address listed above.

**PLEASE READ CAREFULLY**

Pursuant to the requirements of the Electrical Administrative Act (1956 PA 217) and the Electrical Administrative Board General Rules your signature on this form acknowledges your understanding of all laws and rules as it pertains to electrical contracting in the state of Michigan. The applicable laws and rules include, but are not limited to, the Electrical Administrative Act (1956 PA 217), the Electrical Administrative Board General Rules, the Michigan Electrical Code Rules Part 8 and the Stille-DeRossett-Hale Single State Construction Code Act (1972 PA 230). **The signature of the contractor of record and the qualifying master electrician, fire alarm specialty technician or sign specialist is required to process the requested changes.**

**New Contractor of Record**

CONTRACTOR OF RECORD (Printed Name)		LICENSE NUMBER	TELEPHONE NUMBER (Include Area Code)	
FACILITY ADDRESS	CITY	STATE	ZIP CODE	

**Signature of New Contractor of Record**

I certify I have read and understand the above information. I also certify the information provided is true and accurate to the best of my ability. I understand falsification of any statement is cause for rejection of application or revocation of license, if issued.	
CONTRACTOR OF RECORD SIGNATURE	DATE

**Qualifying Master Electrician/Fire Alarm Specialty Technician/Sign Specialist**

QUALIFYING INDIVIDUAL (Printed Name)	LICENSE NUMBER
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**Signature of Qualifying Master Electrician/Fire Alarm Specialty Technician/Sign Specialist**

I certify I have read and understand the above information. I also certify the information provided is true and accurate to the best of my ability. I understand falsification of any statement is cause for rejection of application or revocation of license, if issued.	
QUALIFYING INDIVIDUAL SIGNATURE	DATE