**Application for Transfer/Registration of an Electrical Contractor, Sign Specialty Contractor, or Fire Alarm Contractor License** **113/114**

Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes
P.O. Box 30255, Lansing, MI 48909
Phone: 517-241-9316 / E-Mail: lara-bcc-licensing@michigan.gov
www.michigan.gov/bcc

Print Clear

This form can be completed by tabbing to each field and typing in the required information.

Agency Use Only

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

**Instructions:**

- Enclose a check made payable to the **State of Michigan**.
- Mail completed application, **copy of current contractor license and current master, fire alarm specialty technician or sign specialist license**, and payment to the address listed above.

**Note: If you are only registering your contractor license to pull permits within the State of Michigan's jurisdiction, the qualifying individuals signature is not required. The contractor of record MUST sign the application.**

☐ Registration of a Locally Licensed Electrical Contractor, Fire Alarm Contractor or Sign Specialty Contractor - **(113) $25.00**

☐ Transfer of Electrical Contractor - **(114) $100.00**

☐ Transfer of Fire Alarm Specialty Contractor - **(114) $100.00**

☐ Transfer of Sign Specialty Contractor - **(114) $67.00**

## Applicant Information

| | | | |
|---|---|---|---|
| NAME OF PERSON, FIRM OR CORPORATION TO BE LICENSED | | | |
| ADDRESS | CITY | TOWNSHIP | |
| COUNTY | STATE | ZIP CODE | TELEPHONE NUMBER (Include Area Code) |
| NAME OF INDIVIDUAL REPRESENTING BUSINESS | | LICENSE NUMBER | |

## Qualifying Individual (For Transfers Only)

I _____ shall be a full-time employee of _____
(Printed Name of Qualifying Individual) (Company)

shall be actively in charge of and responsible for code compliance of all installations of electrical or fire alarm wiring and equipment, or the installations, maintainance, connection, and repair of electric signs, do not represent any other person, firm or corporation as its master electrician, fire alarm specialty technician or sign specialist and do not represent any other person, firm, or corporation as the licensee in a business or industrial setting.

## Signature of Qualifying Individual (For Transfers Only) - signature **MUST** be notarized

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.

| SIGNATURE OF QUALIFYING INDIVIDUAL | LICENSE NUMBER | DATE |
|---|---|---|
| | | |

Subscribed and sworn before me, this _____ day of _____, 20____,
a Notary Public in and for _____County, Michigan.
Signature of Notary Public _____
My Commission expires: _____

## Signature of Contractor of Record (For Transfers and Registrations) - signature does **NOT** need to be notarized

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.

| NAME OF CONTRACTOR OF RECORD (Type or Print) | |
|---|---|
| | |
| **SIGNATURE OF CONTRACTOR OF RECORD** | **DATE** |
| | |