

**Add on Trades Application**  
 Michigan Department of Licensing and Regulatory Affairs  
 Bureau of Construction Codes/ Licensing Division  
 P.O. Box 30255, Lansing, MI 48909  
 517-241-9316  
 lara-bcc-licensing@michigan.gov

Authority: 1980 PA 299, MCL 338.3434a Penalty: Failure to provide 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.
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**Note: A veteran providing satisfactory proof of separation from the armed forces of the United States under "honorable" or "general under honorable conditions" is exempt from the initial license fee. For consideration, please attach a copy of either a DD-214, and/or DD-215 to your application.**

- General Instructions:**
- Mail completed application to address listed above

I have the ability and will serve the public in a fair, honest, and open manner. If I had a judgement of guilt in a criminal proceeding or a civil action against me, I am rehabilitated or the substance of my former offense is not reasonably related to the occupation or profession for which I am seeking a license.

Yes       No

\*\*\*\*\* Any documentation submitted with your application becomes property of the State of Michigan and will not be returned.

**Applicant Information**

INDIVIDUAL OR COMPANY NAME (First, Middle, Last)		LICENSE ID NUMBER YOU WISH TO HAVE TRADES ADDED TO	
BUSINESS ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER (Include Area Code)		E-MAIL ADDRESS	

ADD ON THE FOLLOWING TRADES:

<input type="checkbox"/> Carpentry (A)	<input type="checkbox"/> Insulation Work (G)	<input type="checkbox"/> Siding (K)	<input type="checkbox"/> Gutters (O)	<input type="checkbox"/> Swimming Pools (S)
<input type="checkbox"/> Concrete (B)	<input type="checkbox"/> Masonary (I)	<input type="checkbox"/> Roofing (M)	<input type="checkbox"/> Tile & Marble (P)	<input type="checkbox"/> Basement Waterproofing (T)
<input type="checkbox"/> Excavation (D)	<input type="checkbox"/> Screens & Storm Sash (N)	<input type="checkbox"/> House Wrecking (R)		

CHECK THE LICENSE TYPE	FOR OFFICE USE ONLY	
<input type="checkbox"/> Individual Maintenance & Alteration Contractor  <input type="checkbox"/> Corporation, Limited Liability Company or Partnership Maintenance & Alteration Contractor	LICENSE NUMBER	ISSUE DATE

CERTIFICATION	
I certify that the statements in this document are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law. I agree the Department is required by law to obtain my social security number pursuant to MCL 338.3434a.	
SIGNATURE	DATE