## Residential Builder or Maintenance & Alteration Contractor License or Relicense 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   | LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are |
|------------|--|---|
| Penalty:   | Failure to provide information may result in denial of your request. | available upon request to individuals with disabilities.  |

| Note: A veteran providing sa honorable conditions" is exe application.  |                             |                     |  |                            |                            |  |  |  |
|---|-----------------------------|---------------------|--|----------------------------|----------------------------|--|--|--|
| General Instructions:   |                             |                     |  |                            |                            |  |  |  |
| Mail completed application, required documents, and license fee to the address listed above.  Copy of operator's/driver's license or state personal identification card (New applicants only) Non-Michigan residents must submit a Consent to Service of Process. |                             |                     |  |                            |                            |  |  |  |
| I have the ability and will ser action against me, I am rehab I am seeking a license.  ☐ Yes ☐ No   |                             |                     |  |                            |                            |  |  |  |
| Do you have any unsatisfied ☐ Yes ☐ No  | penalties and conditions i  | mposed by disc      | iplinary action in thi                       | s state or any other juris | diction? (relicensure only |  |  |  |
| ***** Any documentation sub   | mitted with your applicatio | on becomes prop     | perty of the State of                        | Michigan and will not be   | returned.                  |  |  |  |
| Applicant Information  NAME (First, Middle, Last)   |                             |                     | DATE OF BIRTH                                | SOCIAL SECURITY NUMBER     |                            |  |  |  |
| INAME (I list, Middle, East)  |                             |                     | DATE OF BIRTH                                | GOCIAL SECONTT NO          | NVIDER                     |  |  |  |
| BUSINESS ADDRESS (Not a PO Box)   |                             | CITY                | 1  | STATE Z                    | IP CODE                    |  |  |  |
| PERMANENT I.D. NUMBER   | TELEPHONE NUMBER (          | (Include Area Code) | E-MAIL ADDRESS                               |                            |                            |  |  |  |
| DBA (if none leave blank)   |                             |                     |  |                            |                            |  |  |  |
| CHECK   | THE LICENSE TYPE            |                     |  | FOR OFFIC                  | E USE ONLY                 |  |  |  |
| ☐ Individual Residential Builder  |                             | \$195.00            | (2101-01 = \$165.00)<br>(2101-15 = \$ 30.00) | LICENSE NUMBER             | ISSUE DATE                 |  |  |  |
| ☐ New Individual Residential Builder Armed Forces Veteran (see required additional documents)   |                             | Fee Waived          |  |                            | 1                          |  |  |  |
| ☐ Individual Residential Builder Relicensure \$   |                             | \$185.00            | (2101-06 = \$170.00)<br>(2101-15 = \$ 15.00) |                            |                            |  |  |  |
| ☐ Individual Maintenance & Alteration Contractor (You must check one or more trade(s) below)  |                             | \$195.00            | (2103-01 = \$165.00)<br>(2103-15 = \$ 30.00) |                            |                            |  |  |  |
| ☐ Carpentry (A)   | ☐ House Wrecking (R)        |                     |  |                            |                            |  |  |  |
| ☐ Concrete (B)  | ☐ Screens & Storm Sash (N   | )                   |  |                            |                            |  |  |  |
| ☐ Excavation (D)  | ☐ Gutters (O)               |                     |  |                            |                            |  |  |  |
| ☐ Roofing (M)   | ☐ Tile & Marble (P)         |                     |  |                            |                            |  |  |  |
| ☐ Masonry (I)   | ☐ Swimming Pools (S)        |                     |  |                            |                            |  |  |  |
| ☐ Basement Waterproofing (T)  | ☐ Siding (K)                |                     |  |                            |                            |  |  |  |
| ☐ Insulation Work (G)   |                             |                     |  |                            |                            |  |  |  |
| ☐ New Maintenance & Alteration Contractor Fee Wain Armed Forces Veteran   |                             | Fee Waived          |  |                            |                            |  |  |  |
| (You must check one or more trade(s) above) (see required additional documents)   |                             |                     | (2103-06 = \$170.00)                         |                            |                            |  |  |  |
| ☐ Individual Maintenance & Alteration Contractor Relicensure  |                             | \$185.00            | (2103-15 = \$ 15.00)                         |                            |                            |  |  |  |

STATE OF MICHIGAN

Make your check or money order in U.S. Currency payable to:

FEES ARE AUTHORIZED BY THE STATE LICENSE FEE ACT, 1979 PA 152, AND ARE NOT REFUNDABLE.

| Have you completed the required 60 hours of approved prelicensure education consisting of at least 6 hours of courses in each of the following areas of competency:  |  |  |  |  |
|--|--|--|--|--|
| 1) Business management, estimating, and job costing, 2) Design and building science, 3) Contracts, liability, and risk management, 4) Marketing and sales, 5) Project management and scheduling, 6) the current Michigan residential code and Construction safety standards promulgated under the Michigan occupational safety and health act, 1974 PA 154, MCL 408.1001 to 408.1094?  |  |  |  |  |
| Yes No   |  |  |  |  |
| If requesting a prelicensure education waiver you will also need to submit:  |  |  |  |  |
| • An affidavit signed by a commanding officer, supervisor, or military superior with direct knowledge of the service you have, entry-level experience in or basic knowledge of each of the areas of prelicensure competencies.   |  |  |  |  |
| OR   |  |  |  |  |
| • If you meet the requirements of the armed forces exemption, but do not have entry-level experience in or basic knowledge of each of the areas of prelicensure competencies, you may provide an affidavit signed by a commanding officer, supervisor, or military superior with direct knowledge of your service that states in which of those areas of competency you have entry-level experience or basic knowledge. (The department may in its discretion grant the applicant credit toward the 60-hour prelicensure education requirement based on that experience or knowledge.) |  |  |  |  |
| Have you served in the Armed Forces?   |  |  |  |  |
| Yes No   |  |  |  |  |
| If you answered yes to the question above, while serving in the armed forces were you engaged in the erection, construction, replacement, repair, alteration, or demolition of buildings or other structures?  |  |  |  |  |
| Yes No   |  |  |  |  |
| 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 |
|-----------|------|
|           |      |
|           |      |

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