

Occupational Code Detailed License Verification Request

Michigan Department of Licensing and Regulatory Affairs

Bureau of Construction Codes/Licensing Section

P.O. Box 30255, Lansing, MI 48909

517-241-9316

lara-bcc-licensing@michigan.gov

Authority: 1980 PA 299

Penalty: Failure to provide information may result in denial of your request.

General Instructions:

- **Submit a \$15.00 fee and a separate form for EACH license type and mail to address above. Make checks or money order payable to State of Michigan.**
- **Any documentation submitted with your application becomes property of the State of Michigan and will not be returned.**

Requestor Information

REQUESTOR'S FIRST NAME	MIDDLE NAME	LAST NAME	
REQUESTOR'S E-MAIL ADDRESS		REQUESTOR'S PHONE NUMBER	
LIST THE NAME OF THE PERSON OR ENTITY WHOM YOU ARE SEEKING LICENSE VERIFICATION		LICENSE NUMBER	
RECIPIENT'S NAME/ASSOCIATION/SCHOOL/US STATE TO SEND LICENSE VERIFICATION TO			
RECIPIENT'S STREET ADDRESS TO SEND LICENSE VERIFICATION TO			
CITY		STATE	ZIP CODE
HOW DO YOU WANT THE VERIFICATION SENT TO RECIPIENT?		IF SENDING VIA E-MAIL, LIST RECIPIENT'S E-MAIL ADDRESS	
<input type="checkbox"/> EMAIL <input type="checkbox"/> US POSTAL SERVICE			

CHECK THE LICENSE TYPE	FOR OFFICE USE ONLY
<input type="checkbox"/> Individual Residential- (2101-51)	
<input type="checkbox"/> Residential Building Company (2102-51)	
<input type="checkbox"/> Individual Maintenance & Alteration Contractor- (2103-51)	
<input type="checkbox"/> Maintenance & Alteration Contractor Company- (2104-51)	
<input type="checkbox"/> Salesperson- (2105-51)	
<input type="checkbox"/> Branch Office- (2106-51)	