

Residential Builder Salesperson License, Relicense or Transfer Application

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, MCL 338.3434a

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

General Instructions:

- Mail completed application, required documents, and non-refundable license fee to the address listed above.
- Copy of operator's/driver's license or state personal identification card (Licensure applicants only)
- Non-Michigan residents must submit a Consent to Service of Process.
- Current Pocket Card (transfer applicants only)
- Any documentation submitted with your application becomes property of the State of Michigan and will not be returned.
- **Print clearly. This is a legal document. Failure to do so may result in delays in processing.**

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.

Applicant Information

LEGAL GOVERNMENT NAME OF SALESPERSON (First, Middle, Last)			SOCIAL SECURITY NUMBER
ADDRESS	CITY	STATE	ZIP CODE
LICENSE I.D. NUMBER (if applying for re-licensure or transfer)		PHONE NUMBER (Include Area Code)	E-MAIL ADDRESS
EMPLOYER		EMPLOYEEER LICENSE I.D. NUMBER	
SIGNATURE OF EMPLOYING RESIDENTIAL BUILDER OR M&A CONTRACTOR		DATE	

I have the ability and will serve the public in a fair, honest, and open manner. If I had a judgment 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

For relicensure applicants only: Do you have any unsatisfied penalties and conditions imposed by disciplinary action in this state or any other jurisdiction?

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

CHECK THE LICENSE TYPE			FOR OFFICE USE ONLY	
<input type="checkbox"/> Builder Salesperson	\$195.00	(2105-01 = \$165.00) (2105-15 = \$ 30.00)	LICENSE NUMBER	ISSUE DATE
<input type="checkbox"/> Builder Salesperson - Veteran	Fee Waived			
<input type="checkbox"/> Builder Salesperson Relicensure	\$185.00	(2105-06 = \$170.00) (2105-15 = \$ 15.00)		
<input type="checkbox"/> Builder Salesperson Transfer	\$10.00	(2105-33 = \$10.00)		