



MONTCALM COUNTY DEPARTMENT of BUILDING SAFETY

211 W Main St -- P.O. Box: 368, Stanton, MI 48888

989-831-7394 -- Email: building@montcalm.us

Contractor Contact & License Information

Complete all sections of this form applicable to your licenses

CONTRACTOR INFORMATION

Name as Listed on License		Phone Number 1
Business Name	Contact Person for Business	Phone Number 2
Mailing Address:		Email Address
City		State Zip
Tax ID Number	UIA (Unemployment)	Workers Compensation Insurance Carrier

LICENSES

LIST ALL LICENSES THAT YOU POSSESS AND INCLUDE COPIES

	Name of License Holder	License Number	Expiration Date
Drivers License			
General Contractor			
M&A Contractor			
Mobil Home Dealer			
Electrical Contractor			
Electrical Master			

Low Voltage Contractor Type	<input type="checkbox"/> Fire Alarm Installer	<input type="checkbox"/> Data/Telecommunication System Installer
	<input type="checkbox"/> Security System Installer	<input type="checkbox"/> Sign Installer

Plumbing Contractor			
Plumbing Master			
Mechanical Contractor			

<input type="checkbox"/> Hydronics	<input type="checkbox"/> Limited Heating Service	<input type="checkbox"/> Specialty License
<input type="checkbox"/> HVAC	<input type="checkbox"/> Unlimited Heating service	<input type="checkbox"/> a. Solar Heating & Cooling
<input type="checkbox"/> Ductwork	<input type="checkbox"/> Limited Refrigeration and AC Service	<input type="checkbox"/> b. Solid Fuel Equipment & Vented Decorative Gas Appliance
<input type="checkbox"/> Refrigeration	<input type="checkbox"/> Unlimited Refrigeration and AC Service	<input type="checkbox"/> c. LP Distribution Piping
	<input type="checkbox"/> Fire Suppression	<input type="checkbox"/> d. Fuel Gas Piping <input type="checkbox"/> Fuel Gas Piping & Venting

Boiler Installer Classification	Boiler Installer License Number	Name of License Holder	License Expiration Date
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<input type="checkbox"/> Class 1B	<input type="checkbox"/> Class 2B	<input type="checkbox"/> Class 3B	<input type="checkbox"/> Class 4B	<input type="checkbox"/> Class 5B	<input type="checkbox"/> Class 6B	<input type="checkbox"/> Class p
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INDIVIDUALS AUTHORIZED TO PULL PERMITS AND / OR SCHEDULE INSPECTIONS FOR CONTRACTOR:

APPLICANT SIGNATURE

I hereby certify that the information submitted on this form is accurate to the best of my knowledge.		
Applicant Signature	Print Name	Date