



Application for Registration of State Electrical Contractor
 City of Grand Rapids Design & Development Services Department
 Building Inspections Office / Electrical Trade
 1120 Monroe Ave. NW
 Grand Rapids, MI 49503
 616-456-4100
 www.grandrapidsmi.gov/devcenter

Note: If you provide an email address, you will automatically gain access to useful online features, including online renewal of this license / registration, and various online application forms.

Instructions:

- Complete / correct and sign application. Type or print in ink.
- Enclose a copy of your State License.
- Mail completed application (copy of Master Electrical License if applicable) to the address listed above.

Information:

- This registration is valid until the expiration date of the State Electrical Contractor's License.

| | | | |
|--|--------------|----------------|----------------------------------|
| State Electrical Contractor of Record | | | |
| EMPLOYER/COMPANY | | | |
| CONTRACTOR OF RECORD NAME | | DATE OF BIRTH | STATE ELECTRICAL CONTRACTOR LIC# |
| ADDRESS | CITY | STATE | ZIP |
| OFFICE PHONE | MOBILE PHONE | E-MAIL ADDRESS | |

Contractor of Record Signature _____
 (Sign again to authorize Master to obtain permits under this license; else leave this line blank)
 Permit Authorization for Master _____

| | | | |
|-------------------------------------|--------------|----------------|--------------------------------|
| Master Electrician of Record | | | |
| MASTER ELECTRICIAN NAME: | | | MASTER ELECTRICIAN OF RECORD # |
| ADDRESS | CITY | STATE | ZIP |
| OFFICE PHONE | MOBILE PHONE | E-MAIL ADDRESS | |

Master Electrician of Record Signature _____

The above business is registering their Electrical Contractor License in the City of Grand Rapids and hereby agrees to abide by the Ordinance, rules, and regulations passed or which may be hereafter passed by the Grand Rapids City Commission.

OFFICE USE: Reg # _____ Paid _____ Check _____