

APPLICATION FOR COMPANY RESIDENTIAL BUILDER OR MAINTENANCE AND ALTERATION CONTRACTOR COMPANY LICENSE, RELICENSURE OR REINSTATEMENT

Authority: 1980 PA 299, MCL 338.3434(A), AND 42 USC 654

| Company Name | | | | | | Jurisdiction of Organization | | | |
|--|----------|-----|---------------------------------|---------------------|-------------|---|-------|------------|--|
| Assumed Name (if applicable) | | | | | | Permanent ID# (if applicable) | | | |
| Business Address (no PO Box) | | | City | | | | State | ZIP Code | |
| Telephone Number E-Mail Address | | | | | | | | | |
| QUALIFYING OFFICER INFORMATION | | | | | | | | | |
| Name Perman | | | | | | nent ID # or last 4 digits of Social Security # | | | |
| List the name of <u>all</u> partners, officers, or members of the corporation, LLC , or partnership. | | | | | | | | | |
| PARTNER, OFFICER, OR MEMBER INFORMATION | | | | | | | | | |
| Name | | | | | | | | | |
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| CHECK THE LICENSE TYPE | | | | FOR OFFICE USE ONLY | | | | | |
| Residential Builder Company License | \$195.00 | (21 | 02-01 = \$165 | 5 00) | License Num | | | Issue Date | |
| | | | 2102-15 = \$ 30 | | | | | | |
| Residential Builder Company Relicensure | \$185.00 | | 02-06 = \$170 02-15 = \$ 15 | | | | | | |
| Residential Builder Company Reinstatement | \$ 15.00 | (21 | 02-50 = \$ 15 | 5.00) | | | | | |
| Maintenance & Alteration Contractor Company License | \$195.00 | | 04-01 = \$165 04-15 = \$ 30 | | | | | | |
| Maintenance & Alteration Contractor Company Relicensure | \$185.00 | | 04-06 = \$170 04-15 = \$ 15 | | | | | | |
| Maintenance & Alteration Contractor Company Reinstatement | \$ 15.00 | (21 | 04-50 = \$ 15 | 5.00) | | | | | |
| Make your check or money order in U.S. Currency payable to: | | | | | 1 | | | | |
| STATE OF MICHIGAN | | | | |] | | | | |
| FEES ARE AUTHORIZED BY THE STATE LICENSE FEE ACT, 1979 PA 152, AND ARE NOT REFUNDABLE. | | | | | | | | | |

LARA/BPL-BUILDCOMP (Rev. 02/16)

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

| Are each applicat | nt, partner, officer, or member at least 18 years of age? | | | | |
|--|---|------|--|--|--|
| Yes | No | | | | |
| If you answer "yes" to this question, you must complete and submit the Request for Conviction History form AND submit documentation which shows at the current time you have the ability to, and are likely to, serve the public in a fair, honest, and open manner, that you are rehabilitated, or that the substance of the former offense is not reasonably related to the occupation or profession for which you are seeking a license. Documentation may include a certificate of employability, if applicable. | | | | | |
| Has any applicant, licensee, or each partner, trustee, director, officer, member, or shareholder ever been convicted of a felony not previously reported to the Department for this license type or occupation? | | | | | |
| 🗆 Yes 🛛 | コ No | | | | |
| Required Additional Documents: | | | | | |
| A Consent to Service of Process (if applicable, you may use BPL/LCL-900) | | | | | |
| A copy of the Corporate Resolution Authorizing the Consent to Service of Process (if applicable) | | | | | |
| Certification | | | | | |
| I certify that the statements in this document are true and complete. I understand that any omitted statement, misrepresentation, or fraud may because for denial of my application, disciplinary action, or may be punishable by law. | | | | | |
| Qualifying Office | r Signature | Date | | | |