



**Annual Registration Form
Plumbing Contractor**
All applicable information **must** be provided.

City of Jackson
161 W. Michigan Avenue
Jackson, MI 49201
(517) 788-4012
www.cityofjackson.org

Applicant Information

Business Name	Telephone No.
Contact Person	Cell Phone No.
Address	Fax No.
City, State, ZIP	E-mail Address*
Federal ID	Driver's License No.

Workers Compensation

Carrier	Policy No.
Issued	Expires
MESC No. (or reason for exemption)	

License Information – Please Present Your State License to Permit Clerk

Contractor Type	State License No.	License Expiration Date	Qualifying License #	Expiration Date
<input type="checkbox"/> Plumbing Contractor	80		81	
City Registration Date		Registration Verification Date		
		April 30, 20		

Permits will only be issued to the contractor applying for a permit or their qualifying licensee when authorized in writing on company letterhead by the contractor. It is the contractor's responsibility to notify this office in writing on company letterhead if they no longer authorize their qualifying licensee to apply for permits.

Date

Signature

***Future correspondence can be sent via e-mail (e.g. license renewal, policy changes, inspection requests, etc.)**

For Office Use Only

- 1) **Permit Clerk.** *Contractor cannot be registered or permits issued if license is in "hold" or "inactive" status.*
- 2) A Current Certificate of Liability in regard to Worker's Compensation must be provided to us, by your insurance company. **ONLY** if you are *self-employed*, this requirement does not apply.
- 3) Registration fee of \$15.00