



## Registration Form

Registration is necessary every calendar year.

Company Name: \_\_\_\_\_  
Licensee Name: \_\_\_\_\_  
Address: \_\_\_\_\_

State License # \_\_\_\_\_ Type of License: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

Workman's Comp #: \_\_\_\_\_  
(MESC)

Federal ID #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Licensed  
Contractor Signature: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

**For proper registration in White Lake Township,  
this form must have an original signature of the licensed contractor.**

Township Employee: \_\_\_\_\_  
Date: \_\_\_\_\_