

CONTRACTOR REGISTRATION FORM

Charter Township of Flint
1490 South Dye Road
Flint, MI 48532
(810) 732-1350
Fax (810) 733-6919

**INCLUDE A CURRENT COPY OF THE STATE LICENSE, A
COPY OF THE RESPONSIBLE PARTY'S DRIVER'S
LICENSE, ALONG WITH A CHECK FOR \$10 MADE
PAYABLE TO FLINT TWP**

Date: _____

Business Name: _____

Address: _____

City, State, Zip: _____

Business Ph #: _____ Fax #: _____

License Holder or Responsible Party (mandatory information)

Name: _____

Driver's License #: _____ Birthdate: _____

License Type (Bldg, Mech, Plumb, Elec): _____

License #: _____ Expiration Date: _____

Federal ID or Soc Security #: _____

MESC: _____

Worker's Comp Policy #: _____

Worker's Comp Company: _____

Worker's Comp Agent: _____

DATE PD _____ AMT PD _____ PMT METHOD _____

**EFFECTIVE FEBRUARY 3, 1999, ALL CONTRACTORS PERFORMING WORK IN FLINT
TWP MUST COMPLETE THE FOLLOWING FORM EACH TIME YOUR LICENSE EXPIRES
OR EACH CALENDAR YEAR.**