

# CONTRACTOR REGISTRATION FORM

Osceola County Building Department  
22054 Professional Dr. Suite A  
Reed City, Michigan 49677

Phone: 231-832-6117 Fax: 231-832-7345

[E-Mail building@osceolacountymi.com](mailto:building@osceolacountymi.com)

Contractor State License# \_\_\_\_\_ Expiration Date \_\_\_\_\_

Master License # \_\_\_\_\_

(Please check all that apply)

Building  Electrical  Plumbing  Mechanical   
Sign  Alarm

Contractor: (Contractor Name must be the same as shown on License) \_\_\_\_\_

Company Name: \_\_\_\_\_ Office #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cellphone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Federal ID#: (or reason for exemption) \_\_\_\_\_

MESC Employer#: (or reason for exemption) \_\_\_\_\_

Workers Compensation Insurance Carrier: (or reason for exemption) \_\_\_\_\_

Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Instructions:

All contractors must register with the Osceola County Building Department before applying for a Building, Electrical, Mechanical or Plumbing permits.

***NOTE: Attach current copies of all applicable licenses.***

**To AccessMyGov (AMG) for applying online for permits or inspections**

Web User Name: \_\_\_\_\_

Web Pin: \_\_\_\_\_