

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: _____