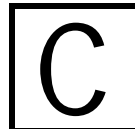


FEE DUE \$145.00



CORPORATION, LIMITED LIABILITY COMPANY OR PARTNERSHIP RESIDENTIAL BUILDER AND MAINTENANCE & ALTERATION CONTRACTOR LICENSE APPLICATION INSTRUCTIONS

IMPORTANT APPLICATION INFORMATION -- READ CAREFULLY

*****DO NOT USE THIS APPLICATION UNLESS THE QUALIFYING OFFICER CURRENTLY HOLDS AN ACTIVE LICENSE AS AN INDIVIDUAL RESIDENTIAL BUILDER, OR INDIVIDUAL MAINTENANCE & ALTERATION (M&A) CONTRACTOR, OR HAS RECENTLY SUBMITTED AN APPLICATION TO THE DEPARTMENT FOR AN INDIVIDUAL LICENSE.*****

QUALIFYING OFFICERS: Effective June 1, 2008, Public Acts 155 and 157 of 2007 require that ALL Qualifying Officers hold an ACTIVE license as an Individual Residential Builder or Individual Maintenance & Alteration (M&A) Contractor. The individual that will serve as the Qualifying Officer for a Corporation, Limited Liability Company or Partnership must have an ACTIVE individual license, and continue to keep the individual license in ACTIVE status, to serve as a Qualifying Officer.

REQUIRED IDENTIFICATION: Effective June 1, 2008, a Corporation, Limited Liability Company, or Partnership applying for a license as a Residential Builder or Maintenance & Alteration Contractor is required to provide a copy of a driver's license or state personal identification card for the Qualifying Officer, and each officer, member, partner, or managing agent listed on the application. **You MUST attach a copy of a driver's license or state personal identification card to your application for the Qualifying Officer, and each officer, member, partner, and managing agent of the company to the application.**

MICHIGAN ADDRESS REQUIRED: All licensees must maintain a physical office location in Michigan, which is an actual, established physical location from which the builder or contractor conducts business and where applicable books and records are kept. A post office box, secretarial service, mailbox rental, receiving service, resident agent address, or telephone answering service alone is not sufficient.

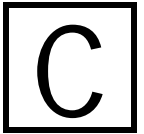
QUALIFICATION DEADLINE: All licensing requirements must be completed within one (1) year of filing this application, or the application will be discarded. You will then have to repeat the application process, including the examination, in order to become licensed.

REQUIRED SUPPORTING DOCUMENTS THAT MUST BE ATTACHED TO THIS APPLICATION. All Corporations and Limited Liability Companies must attach a completed copy of their Articles of Incorporation/Organization stamped "FILED", dated and containing the Michigan ID Number. If you have a "Filing Endorsement", you must submit a copy of the Filing Endorsement and a copy of the completed Articles of Incorporation/Organization in place of a "FILED" copy. Partnerships must attach a certified copy of the Certificate of Partnership identifying all partners. **NONRESIDENT** applicants and nonresident qualifying officers must file a completed Consent to Service of Process form with the Builders Unit. Contact the Builders Unit at 517-241-9288, or refer to the web site at www.michigan.gov/builders, for a copy of the Consent to Service of Process form. **NONRESIDENT** corporations must also execute and file a resolution authorizing the Consent. A sample resolution is available on the website at www.michigan.gov/builders. Nonresident corporations and LLCs must attach their "Filed" Articles of Organization/Incorporation and a current Certificate of Good Standing or LLC Status Certificate from the state they originally incorporated or organized, along with a current Certificate of Good Standing or LLC Status Certificate issued by the State of Michigan, Bureau of Commercial Services, Corporation Division 517-241-6470. See Checklist for Corporation, Limited Liability Company or Partnership Residential Builder or Maintenance & Alteration Contractor License Applications.

KEEP A COPY FOR YOUR RECORDS: Keep a completed copy of the application for your records. It is the applicant's responsibility to be aware of and comply with all regulations pertinent to the application process, licensure and practice. **Allow approximately six (6) weeks to process a properly submitted application.**

The Department will obtain credit reports for Corporation, Limited Liability Company, and Partnership applications filed with our office.

PLEASE SEE REVERSE SIDE FOR REQUIRED DOCUMENTS TO BE SUBMITTED WITH APPLICATION.



CHECKLIST FOR CORPORATION, LIMITED LIABILITY COMPANY, OR PARTNERSHIP RESIDENTIAL BUILDER OR MAINTENANCE & ALTERATION CONTRACTOR LICENSE APPLICATIONS

ALL APPLICANTS: IF THE FIRM SEEKING LICENSURE IS CREATED BY ENTITIES OTHER THAN INDIVIDUALS, PLEASE CONTACT THIS OFFICE FOR FURTHER INSTRUCTIONS.

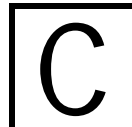
IF THE FIRM SEEKING LICENSURE IS CREATED BY INDIVIDUALS, PROCEED BELOW.

This checklist is provided to help you make a proper application for a Residential Builder or Maintenance & Alteration Contractor License. Please check to make sure you are submitting all of the paperwork required for us to review your application. If your application is incomplete or not filed properly, processing will be delayed. Applications filed properly and accompanied by the required supporting documents and fees will be given priority processing. If you need documents from the Bureau of Commercial Services, Corporation Division, you can call them at 517-241-6470 or visit their web site at www.michigan.gov/corporations to see if the forms are available on-line.

Your application cannot be processed until all of the required information, documentation, and fees are received. Please allow approximately six (6) weeks to process a properly submitted application.

INFORMATION REQUIRED	Michigan Corporation	Out-of-State Corporation	Partnership	Limited Liability Company	Out-of-State Limited Liability
Completed Application	X	X	X	X	X
A copy of the "FILED" Articles of Incorporation/Organization and any "FILED" amendments to the original Articles. If you have a "Filing Endorsement", you must submit a copy of the Filing Endorsement along with a copy of the Articles of Incorporation/Organization form and any amendments you completed and filed with the State of Michigan, Corporation Division or from the state where the firm was incorporated or organized.	X	X		X	X
If applicable, a copy of the "FILED" Certificate of Assumed Name. If you have a "Filing Endorsement", you must submit a copy of the Filing Endorsement along with a copy of the Certificate of Assumed Name form and any amendments you completed and filed with the State of Michigan, Corporation Division.	X	X		X	X
If the qualifying officer lives outside of the State of Michigan, attach a completed Consent to Service of Process form completed by the qualifying officer. The form is available on our web site at	X	X	X	X	X
Attach a copy of the Certificate of Partnership from the County Clerk's Office or from the Bureau of Commercial Services, Corporation Division.			X		
If the firm was incorporated or organized out-of-state, attach a Consent to Service of Process form completed by the firm. The form is available on our web site at www.michigan.gov/builders .		X		X	X
If the firm was incorporated out-of-state, attach a Corporate Resolution authorizing the Consent to Service of Process. A sample resolution is available on our web site at www.michigan.gov/builders .		X			
Attach a current Certificate of Good Standing/LLC Status Certificate from the state the firm was originally incorporated/organized in <u>AND</u> from the Bureau of Commercial Services, Corporation Division	X	X		X	X

FEE DUE \$145.00



CORPORATION, LIMITED LIABILITY COMPANY OR PARTNERSHIP RESIDENTIAL BUILDER AND MAINTENANCE & ALTERATION CONTRACTOR LICENSE APPLICATION

This application is valid between 6-1-2009 and 5-31-2010.						OFFICE USE ONLY		
1	APPLICANT INFORMATION			2	QUALIFYING OFFICER INFORMATION			ID NUMBER 2102 2104
NAME OF FIRM (Exactly as shown on articles or partnership papers)			NAME OF QUALIFYING OFFICER (First, Middle, Last)					
TYPE OF BUSINESS <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company			HOME ADDRESS (Number & Street) NOT POST OFFICE BOX #					REVIEWER:
BUSINESS ADDRESS (Number & Street) NOT POST OFFICE BOX #			CITY	STATE	ZIP CODE			DATE REVIEWED:
CITY	STATE	ZIP CODE	COUNTY	HOME TELEPHONE				DATE ISSUED:
COUNTY	BUSINESS TELEPHONE		DATE OF BIRTH	U.S. SOCIAL SECURITY NUMBER				FEE: OK NO DUE \$:
FEDERAL I.D. NUMBER OF FIRM	MICHIGAN I.D. NUMBER ASSIGNED BY STATE OF MI CORPORATION DIVISION		List the ACTIVE individual license number for the Qualifying Officer, and all current and past license numbers held by the Qualifying Officers, Officer, Members or Partners.					REFUND \$
E-MAIL ADDRESS OF FIRM								BUSINESS NAME: OK NO
3	Complete for all officers, members or partners. If a corporation, provide all requested information for the President, Vice-President, Secretary, and Treasurer, and indicate the position held by each person. If the same person holds more than one position, clearly indicate that information on the application. If a limited liability company, provide requested information for all of the members. If a partnership, provide requested information for all of the partners. Attach additional sheets if necessary.						ARTICLES/PART: OK NO	
OFFICER, MEMBER, OR PARTNER INFORMATION								
	NAME (First, Middle, Last)	COMPLETE HOME ADDRESS	U.S. SOCIAL SECURITY #	BIRTHDATE	POSITION HELD (circle one)			GOOD STANDING: OK NO
					President Member Partner			CO. MI ADDRESS: OK NO
					Vice-President Member Partner			CON/RES/ART/CERT GS: OK NO
					Secretary Member Partner			FED ID NO./MI ID NO. OK NO
					Treasurer Member Partner			CORP/LLC CR RPT: OK NO
4	Has the firm, Qualifying Officer, or any partner, member, officer, director or trustee ever been convicted of a felony or misdemeanor for which they could have gone to jail? <input type="checkbox"/> Yes - If yes, please download the "Request for Conviction History" form under Applicant Information at the web address: www.michigan.gov/builders . Complete and attach the form to your application. If the form is not included with your application, the Department will contact you later. Your application will not be processed until the Department receives the completed form. <input type="checkbox"/> No						QO NAME/ID: OK NO	
5	Have you or any firm or company in which you were a member, partner, officer or employee ever had disciplinary action taken against any license, registration or permit now held or have ever held? (Includes, but is not limited to final orders, suspension, revocation, denial, etc.) <input type="checkbox"/> Yes - If yes, please download the "Request for Disciplinary Action Information" form under Applicant Information at the web address: www.michigan.gov/builders . Complete and attach the form to your application. If the form is not included with your application, the Department will contact you later. Your application will not be processed until the Department receives the completed form. <input type="checkbox"/> No						QO DOB/SSN: OK NO	
6	Has the firm, Qualifying Officer, or any partner, member, officer, director or trustee ever had any disciplinary action taken against them for practicing an occupation without a license or registration? <input type="checkbox"/> Yes - Provide name of the person or firm, type of license, name of state, action and date of action on a separate sheet of paper. <input type="checkbox"/> No						QO ADD/CONSENT: OK NO	
7	Has the firm, Qualifying Officer, or any partner, member, officer, director or trustee ever filed bankruptcy or had a State or Federal tax lien, or judgment filed against them? <input type="checkbox"/> Yes - Provide details on a separate sheet of paper. (i.e., docket number, date filed, name of court item filed with, amount, current status, reason item occurred.) The Department may contact you at a later date. <input type="checkbox"/> No						QO ACTIVE INDIV LIC: OK NO	
8	YOU MUST ATTACH A COPY OF THE DRIVER'S LICENSE OR STATE IDENTIFICATION CARD FOR THE QUALIFYING OFFICER AND EACH OFFICER, MEMBER OR PARTNER TO THE APPLICATION						OFFICER INFO/I.D.: OK NO	
SWORN STATEMENT: I/we say that we are authorized to act on behalf of the applicant firm, and I/we depose and say that I/we have read the foregoing application and know the contents thereof, and that the statements within are true. I/we understand that the applicant firm will not become a member of the Construction Lien Recovery Fund or be eligible to engage in activity requiring licensure until a license is approved and issued. I/we have not withheld information that might affect the decisions to be made on this application. I am/we are aware that a false statement or dishonest answer may be grounds for denial of this application or disciplinary action on my/our license or may be punishable by law. I/we hereby authorize the Department of Labor & Economic Growth and its agents to investigate any statements made by me/us in this application, including checking criminal, civil and administrative records. I/we authorize the Department and its agents to examine my/our books and records at the Department's discretion.				SIGNATURES: _____ Qualifying Officer Date _____ President / Partner / Member Date _____ Secretary / Partner / Member Date				LIC DISC ACTION: OK NO
				UN LIC DISC ACT: OK NO				
				SIGNATURES: OK NO				
				APP HOLD				

