

Michigan Department of Energy, Labor & Economic Growth
 Bureau of Commercial Services - Licensing Division
 BUILDERS UNIT
 P.O. Box 30245, Lansing, MI 48909
 517-373-8376
 www.michigan.gov/builders



FEE DUE \$175.00

CORPORATION, LIMITED LIABILITY COMPANY OR PARTNERSHIP RESIDENTIAL BUILDER AND MAINTENANCE AND ALTERATION CONTRACTOR RELICENSURE 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 OFFICER: 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 the 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. If the Qualifying Officer fails to renew his or her individual license while serving as Qualifying Officer, the Residential Builder or M&A Contractor license for a Corporation, Limited Liability Company, or Partnership, for which the individual serves as Qualifying Officer, will not be renewed and it may result in disciplinary action.

REQUIRED IDENTIFICATION: Effective June 1, 2008, a Corporation, Limited Liability Company, or Partnership applying for relicensure 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.**

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 if you took one, in order to become licensed.

REQUIRED SUPPORTING DOCUMENTS THAT MUST BE ATTACHED TO THIS APPLICATION. ALL CORPORATIONS AND LIMITED LIABILITY COMPANIES must attach a current Certificate of Good Standing or LLC Status Certificate from the State of Michigan, Corporation Division (517-241-6470). Partnerships must attach a certified copy of 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 517-373-8376, or refer to the web site at www.michigan.gov/builders, for the Consent 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 a current Certificate of Good Standing or LLC Status Certificate issued by both the State of Michigan, Bureau of Commercial Services, Corporation Division (517-241-6470), AND the state in which they originally incorporated or organized. All licensees must maintain a physical office in Michigan where business is conducted and books and records are kept. Additional information may be required

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 all Corporation, Limited Liability Company, and Partnership applications filed with our office.

FEE DUE \$175.00

C-REL

CORPORATION, LIMITED LIABILITY COMPANY OR PARTNERSHIP RESIDENTIAL BUILDER AND MAINTENANCE & ALTERATION CONTRACTOR RELICENSURE 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)						REVIEWER:	
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 #						DATE REVIEWED:	
BUSINESS ADDRESS (Number & Street) NOT POST OFFICE BOX #				CITY		STATE		ZIP CODE		DATE ISSUED:	
CITY		STATE		ZIP CODE		COUNTY		HOME TELEPHONE		FEE: OK NO	
COUNTY		BUSINESS TELEPHONE		DATE OF BIRTH		U.S. SOCIAL SECURITY NUMBER		DUE \$:		REFUND \$	
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 Officer, Officers, Members or Partners.							
E-MAIL ADDRESS OF FIRM				DUE \$:							
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.							
OFFICER, MEMBER, OR PARTNER INFORMATION										BUSINESS NAME: OK NO	
NAME (First, Middle, Last)		COMPLETE HOME ADDRESS		U.S. SOCIAL SECURITY #		BIRTHDATE		POSITION HELD (circle one)		GOOD STANDING: OK NO	
								President Member Partner		CERT OF PART: OK NO	
								Vice-President Member Partner		CO MI ADDRESS: OK NO	
								Secretary Member Partner		CONSENT/RES: OK NO	
								Treasurer Member Partner		FED ID NO/MI ID NO: 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. Your application will not be processed until the Department receives the completed form. <input type="checkbox"/> 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. Your application will not be processed until the Department receives the completed form. <input type="checkbox"/> 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									
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									
8		<p>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 Energy, 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.</p> <p>SIGNATURES:</p> <p>_____ Qualifying Officer Date</p> <p>_____ President / Partner / Member Date</p> <p>_____ Secretary / Partner / Member Date</p>									
		LIC DISC ACTION: OK NO									
		UN LIC DISC ACT: OK NO									
		SIGNATURES: OK NO									
		APP HOLD									

