

Michigan Department of Energy, Labor & Economic Growth
 Bureau of Commercial Services
CONSTRUCTION LIEN RECOVERY FUND PROGRAM
 P.O. Box 30018 - Lansing, MI 48909
 (517) 241-9241
 (517) 241-0290 (fax)
 www.michigan.gov/conlien

FOR OFFICE USE ONLY - VALIDATION

Fund Membership Number

MEMBERSHIP APPLICATION FOR LICENSEES

Authority: P.A. 497 of 1980, as amended

APPLICATION INSTRUCTIONS AND INFORMATION

The Construction Lien Recovery Fund provides protection to member subcontractors, material suppliers and building trade workers in the event that payment for goods and services provided on a residential project are not received. The Construction Lien Act requires that a membership fee of \$10 be paid upon application for a license. A membership renewal fee of \$10 per year of licensure will be required to be paid at the time of the license renewal. The renewal fee will be added to your license renewal application. A separate membership is required to be maintained for each license issued.

Each member is required to notify the Fund in writing of any name, address or business structure within 30 days of the change. In addition, notify the appropriate licensing board of the change as required by law. Failure to maintain an active membership would result in the denial of claims against the Fund. Public Act 497 of 1980 requires all licensed Residential Builders, Residential Maintenance & Alteration Contractors, Plumbing Contractors, Fire Alarm Contractors, Electrical Contractors and Mechanical Contractors to maintain a membership in the Construction Lien Recovery Fund, as a condition of licensure.

Payments can be made by check or money order from a U.S. Financial Institution payable to: **State of Michigan - Construction Lien Fund** or by major credit card (Visa or Mastercard) by completing credit card information below. Applications with credit card payments may also be faxed to 517-241-0290.

APPLICANT INFORMATION

- New (Initial \$10.00) Name Change - License No.: _____ (\$10.00)
 Special Assessment (\$50.00) Membership Renewal - License No.: _____
 (\$10 per year - 2 year licenses = \$20; 3 yr licenses = \$30.00)

TYPE OF APPLICATION:		TYPE OF BUSINESS ENTITY:	
<input type="checkbox"/> Electrical Contractor	<input type="checkbox"/> Plumbing Contractor	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership
<input type="checkbox"/> Fire Alarm Contractor	<input type="checkbox"/> Builder/M&A Contractor	<input type="checkbox"/> Sole Proprietor (dba)	<input type="checkbox"/> Government/School
<input type="checkbox"/> Mechanical Contractor		<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company

Full Company Name	U.S. Social Security Number	Federal I.D. Number (If Applicable)
Applicant Name (Last, First, Middle Initial)	Daytime Telephone ()	County
Business Address	City, State, Zip Code	

COMPLETE FOR NAME CHANGES ONLY:	PAYMENT METHOD
OLD COMPANY NAME: _____ LICENSE NO: _____	<input type="checkbox"/> Check or Money Order <input type="checkbox"/> Credit Card Payment (complete information below)
FEE PAYMENT INFORMATION (Check One)	CARDHOLDER'S NAME: _____
<input type="checkbox"/> New Application (7001-16) \$10.00	NAME as it appears on card: _____
<input type="checkbox"/> Name Change (7001-16) \$10.00	CARDHOLDER'S SIGNATURE: _____
<input type="checkbox"/> Renewal - 2 year license (7001-16) \$20.00	Billing Address: _____
<input type="checkbox"/> Renewal - 3 year license (7001-16) \$30.00	City/State/Zip: _____
<input type="checkbox"/> Special Assessment (7001-62) \$50.00	Card Type: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD
FEES ARE NOT REFUNDED EXCEPT UNDER AUTHORITY P.A. 152 OF 1979, AS AMENDED	Credit Card #: _____
	Expiration Date: _____ / _____

DELEG is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

If your credit card payment is declined or rejected, the Department will contact you immediately.