

CONTRACTOR'S INFORMATION

COMPANY NAME \_\_\_\_\_

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_

STATE DRIVER'S LICENSE ISSUED IN \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

CELL PHONE NUMBER \_\_\_\_\_

CONTRACTOR'S LICENSE NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

FEDERAL EMPLOYER ID NUMBER  
OR REASON FOR EXEMPTION \_\_\_\_\_

WORKMAN'S COMP INSURANCE CARRIER  
OR REASON FOR EXEMPTION \_\_\_\_\_

MICHIGAN UNEMPLOYMENT EMPLOYER NUMBER  
OR REASON FOR EXEMPTION \_\_\_\_\_

By signing below, I certify that the above information is correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contractor's Printed Name