# Annual Registration Form
# Mechanical Contractor

All applicable information must be provided

**City of Port Huron**
100 McMorran Boulevard
Port Huron, MI 48060
Phone: (810) 984-9733
www.porthuron.org

**Applicant Information**

| | |
|---|---|
| Business Name: | Qualifying Officer: |
| Address: | Fax No: |
| City, State, Zip: | E-mail Address: |
| Federal ID: | Driver's License Number: |

**Workers Compensation**

*A current certificate of liability in regard to worker's compensation must be provided to us, by your insurance company.*

| | |
|---|---|
| Carrier: | Policy Number: |
| Issued: | Expires: |
| MESC No. (or reason for exemption): | |

## License Information

*Please Present Your State License to Permit Clerk*

Contractor Type: ☐ Mechanical ☐ Boiler

| Classifications: | Specialty License: |
|---|---|
| ☐ Hydronic heating and cooling and process piping<br>☐ HVAC equipment<br>☐ Ductwork<br>☐ Refrigeration<br>☐ Limited heating service<br>☐ Unlimited heating service<br>☐ Limited refrigeration and air conditioning service<br>☐ Unlimited refrigeration and air conditioning service<br>☐ Fire Suppression | ☐ Solar<br>☐ Solid Fuel<br>☐ LP tank and pipe<br>☐ Gas piping<br>☐ Gas piping and venting |
| State License Number: | License Expiration Date: |
| MESC Number (or reason for exemption): | |

Permits will only be issued to the contractor applying for a permit or their qualifying licensee when authorized in writing on company letterhead by the contractor. It is the contractor's responsibility to notify this office in writing on company letterhead if they no longer authorize their qualifying licensee to apply for permits. The following must be provided with the application:

1. Registration fee of $15.
2. Copy of **Contractor** and **Master's** license must be attached to the application.
3. Letter(s) of authorization for qualified agent(s) of company if not license holder/owner.
4. Clear copy of driver's license for the person the license was issued to.

_____ _____

Date License Contractor Signature

**Registration Payment Date:** _____ **Payment Type:** *Cash / Credit Card/ Check* _____

**Registration Number:** _____ **Issued By:** _____