



**Annual Registration Form
Plumbing 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:	Phone Number:
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: <input type="checkbox"/> Master Plumber <input type="checkbox"/> Plumbing Contractor	
State License Number:	License Expiration Date:
MESC No. (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.

1. Registration Fee of \$25.
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 the license holder/owner.
4. Clear copy of the driver's license for the person the license was issued to.

Date

License Contractor Signature

Registration Payment Date: _____

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

Registration Number: _____

Issued By: _____