

# Residential Builder or Maintenance & Alteration Contractor License or Relicense Application

Michigan Department of Licensing and Regulatory Affairs  
 Bureau of Construction Codes/ Residential Builder Section  
 P.O. Box 30255, Lansing, MI 48909  
 517-241-9309  
 lara-bcc-rbs-licensing@michigan.gov

Authority: 1980 PA 299, MCL 338.3434a Penalty: Failure to provide information may result in denial of your request.	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
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**General Instructions:**

- **New applicants only:** You must submit a copy of your operator's/driver's license or state personal identification card with this application
- The law requires you to maintain a place of business in Michigan. Provide the Michigan business address
- **Non-Michigan residents** must submit a Consent to Service of Process. This form may be found under License Applications & Forms at [www.michigan.gov/bcc](http://www.michigan.gov/bcc)
- Mail your completed application, required documents, and non-refundable license fee to the address listed above.  **Veteran exemption**

**Note:** A veteran providing satisfactory proof of separation from the armed forces of the United States under "honorable" or "general under honorable conditions" is exempt from the initial license fee only. For consideration, please attach a copy of either a DD-214, and/or DD-215 to your application.

I have the ability and will serve the public in a fair, honest, and open manner. If I had a judgement of guilt in a criminal proceeding or a civil action against me, I am rehabilitated or the substance of my former offense is not reasonably related to the occupation or profession for which I am seeking a license.

Yes  No

Do you have any unsatisfied penalties and conditions imposed by disciplinary action in this state or any other jurisdiction? (relicensure only)

Yes  No

\*\*\*\*\* Any documentation submitted with your application becomes property of the State of Michigan and will not be returned.

**Applicant Information**

NAME (First, Middle, Last)		SOCIAL SECURITY NUMBER	
MAILING ADDRESS		CITY	STATE
MICHIGAN BUSINESS ADDRESS (Can be same as mailing address)		CITY	STATE
BUILDERS LICENSE NUMBER	TELEPHONE NUMBER (Include Area Code)	E-MAIL ADDRESS	
DBA (if none leave blank)			

CHECK THE LICENSE TYPE	NON-REFUNDABLE FEE	FOR OFFICE USE ONLY	
<input type="checkbox"/> Individual Residential Builder	\$195.00	(2101-01 = \$165.00) (2101-15 = \$ 30.00)	LICENSE NUMBER
<input type="checkbox"/> New Individual Residential Builder Armed Forces Veteran (see required additional documents)	Fee Waived		ISSUE DATE
<input type="checkbox"/> Individual Residential Builder Relicensure	\$185.00	(2101-06 = \$170.00) (2101-15 = \$ 15.00)	
<input type="checkbox"/> Individual Maintenance & Alteration Contractor (You must check one or more trade(s) below)	\$195.00	(2103-01 = \$165.00) (2103-15 = \$ 30.00)	
<input type="checkbox"/> Carpentry (A) <span style="margin-left: 100px;"><input type="checkbox"/> House Wrecking (R)</span>			
<input type="checkbox"/> Concrete (B) <span style="margin-left: 100px;"><input type="checkbox"/> Screens &amp; Storm Sash (N)</span>			
<input type="checkbox"/> Excavation (D) <span style="margin-left: 100px;"><input type="checkbox"/> Gutters (O)</span>			
<input type="checkbox"/> Roofing (M) <span style="margin-left: 100px;"><input type="checkbox"/> Tile &amp; Marble (P)</span>			
<input type="checkbox"/> Masonry (I) <span style="margin-left: 100px;"><input type="checkbox"/> Swimming Pools (S)</span>			
<input type="checkbox"/> Basement Waterproofing (T) <span style="margin-left: 100px;"><input type="checkbox"/> Siding (K)</span>			
<input type="checkbox"/> Insulation Work (G)			
<input type="checkbox"/> New Maintenance & Alteration Contractor Armed Forces Veteran (You must check one or more trade(s) above) (see required additional documents)	Fee Waived	(2103-06 = \$170.00) (2103-15 = \$ 15.00)	
<input type="checkbox"/> Individual Maintenance & Alteration Contractor Relicensure	\$185.00	(2103-06 = \$170.00) (2103-15 = \$ 15.00)	
Make your check or money order in U.S. Currency payable to: STATE OF MICHIGAN			
FEES ARE AUTHORIZED BY THE STATE LICENSE FEE ACT, 1979 PA 152, AND ARE NOT REFUNDABLE.			

Have you completed the required 60 hours of approved prelicensure education consisting of at least 6 hours of courses in each of the following areas of competency:

1) Business management, estimating, and job costing, 2) Design and building science, 3) Contracts, liability, and risk management, 4) Marketing and sales, 5) Project management and scheduling, 6) the current Michigan residential code and Construction safety standards promulgated under the Michigan occupational safety and health act, 1974 PA 154, MCL 408.1001 to 408.1094?

Yes  No Please submit a copy of your prelicensure certificate.

If requesting a prelicensure education waiver you will also need to submit:

- An affidavit signed by a commanding officer, supervisor, or military superior with direct knowledge of the service you have, entry-level experience in or basic knowledge of each of the areas of prelicensure competencies.

OR

- If you meet the requirements of the armed forces exemption, but do not have entry-level experience in or basic knowledge of each of the areas of prelicensure competencies, you may provide an affidavit signed by a commanding officer, supervisor, or military superior with direct knowledge of your service that states in which of those areas of competency you have entry-level experience or basic knowledge. (The department may in its discretion grant the applicant credit toward the 60-hour prelicensure education requirement based on that experience or knowledge.)

Have you served in the Armed Forces?

Yes  No

If you answered yes to the question above, while serving in the armed forces were you engaged in the erection, construction, replacement, repair, alteration, or demolition of buildings or other structures?

Yes  No

### Certification

I certify that the statements in this document are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law. I agree the Department is required by law to obtain my social security number pursuant to MCL 338.3434a.

SIGNATURE

DATE