

Apprenticeship Employer Form

Annual Employer Participation Fee:

- Member-Free Non-Member-\$100

Contractor License Number

Company Information:

Company Name			
Mailing Address		Telephone Number	
City	County	State	Zip Code
Email Address			

License Information (can be found on your license)

I am: <input type="checkbox"/> Contractor of Record <input type="checkbox"/> Authorized Technician	Jurisdiction Issued By: <input type="checkbox"/> State of Michigan <input type="checkbox"/> City of Grand Rapids <input type="checkbox"/> City of Detroit <input type="checkbox"/> City of Highland Park <input type="checkbox"/> Other: _____
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I certify that I am the individual who is authorized to certify apprenticeship activities for this company.

Signature	Please Print Name Here
Date	<input type="checkbox"/> Yes, I have included my participating employer agreement along with this employer registration form