

## **CONTRACTOR AFFIDAVIT**

Date:				
Contra	actor Name:			
Physic	cal Address:			
Mailing	g Address:			
City:		State:	Zip:	
Phone	:	Cell:	Fax:	
TYPE	License Information for each State Issue License  Number Expiration Date  Building			
	_			
Federa	al Employer TIN:			
The na	me of each carrier pr	oviding worker's disability co	mpensation insurance	to the applicant if the applicant is
contrib contrib	utions pursuant to th	ecurity commission employer e Michigan employment secu or exemptions from the requi	rity act. If the applicar	nt is not required to make
persor are to	n from conspiring to	circumvent the licensing	requirements of thi	CL <u>125.1523a</u> , prohibits a s state relating to persons who . Violators of section 23a are
 Contr	actors Signature		 Date	