

Electrical Affidavit
 Michigan Department of Labor & Economic Growth
 Bureau of Construction Codes
 Electrical Division
 P.O. Box 30255
 Lansing, MI 48909
 517-241-9320
 www.michigan.gov/bcc

Fee: \$200.00

Authority: 1956 PA 217, Rule 338.1039a Completion: Mandatory Penalty: Permits will not be issued	The Department of Labor and Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.
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Note: The acceptance of this form by the electrical administrative board does not qualify the company for the issuance of an electrical contractor's license, but serves to qualify the master electrician to provide licensed supervision for the installation of electrical equipment on the premises owned and occupied by the employer.

Locally licensed **master** electricians must submit a copy of their current license.

Employer's Statement

NAME OF COMPANY		NAME OF COMPANY OFFICER (Printed)	
ADDRESS		CITY	
COUNTY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
It is understood the employer and the licensed master electrician are responsible for exercising the supervision and control of the electrical operations necessary to secure full compliance with the act and all other laws and rules related to the installation of electrical equipment in this state. Notice of termination of employment of the master electrician listed below will be given within 30 days of separation of employment to the Department and electrical installation work will be discontinued until a master electrician is employed and a new affidavit form is filed.			
I have read the foregoing and certify this company will comply with the above statements.			
OFFICER'S SIGNATURE			DATE

Licensed Master Electrician's Statement

NAME OF MASTER ELECTRICIAN		TELEPHONE NUMBER (Include Area Code)	
ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
CURRENT LICENSE NUMBER	ISSUED BY (City/State)		DATE ISSUED
I understand electrical installations on the premises of my above employer shall conform to the act, rules and the Michigan Electrical Code.			
I am presently employed as a full time licensed electrician by the company listed above. I do not represent any other person or company as a supervising master electrician and I will promptly notify the Department of any changes in this written affidavit.			
LICENSED MASTER ELECTRICIAN'S SIGNATURE			DATE