

**Application for Reexamination of Boiler Operator or Stationary Engineer**  
 Michigan Department of Licensing and Regulatory Affairs  
 Bureau of Construction Codes / Boiler Division  
 P.O. Box 30255, Lansing, MI 48909  
 517-241-9334  
 www.michigan.gov/bcc

**Fee:** \$50.00 (nonrefundable)

Authority: 1965 PA 290 Completion: Voluntary Penalty: Registration will not be issued	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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**Instructions:**

- Complete and sign application. Type or print in ink.
- Application must be received not less than thirty days prior to the requested examination date.
- PA 236 of 1996, as amended, requires an applicant to include his or her social security number. However, a requirement under this section to include a social security number on an application does not apply to an applicant who demonstrates he or she is exempt under law from obtaining a social security number or to an applicant who for religious convictions is exempt under law from disclosure of his or her social security number under these circumstances.
- Enclose a check or money order for \$50.00 made payable to the **State of Michigan**.
- Mail completed **ORIGINAL** application, required documents, and payment to the address listed above.

**1. Type of Registration Applying For** (check only one)

INDICATE THE CLASS OR CATEGORY OF REGISTRATION YOU ARE APPLYING FOR

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Low Pressure Boiler Operator              | <input type="checkbox"/> High Pressure Boiler Operator             | <input type="checkbox"/> 1 <sup>st</sup> Class Stationary Engineer |
| <input type="checkbox"/> 3 <sup>rd</sup> Class Stationary Engineer | <input type="checkbox"/> 2 <sup>nd</sup> Class Stationary Engineer | <input type="checkbox"/> Approved QTEP                             |

**2. Applicant Information**

NAME		DATE OF BIRTH	SOCIAL SECURITY NUMBER*
ADDRESS		HOME TELEPHONE NUMBER (Include Area Code)	WORK TELEPHONE NUMBER (Include Area Code)
CITY	STATE	ZIP CODE	COUNTY

**3. Signature**

I \_\_\_\_\_ hereby certify that the matters set forth by me in this application are true and correct and that I satisfy the requirements of 1965 PA 290, the Boiler Act, Sections 13a and 13d. I request permission to sit for examination.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**4. Official Use Only**

<input type="checkbox"/> Information verified	<input type="checkbox"/> Additional information requested	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
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OFFICIAL SIGNATURE	DATE
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\*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.