

Application for Reexamination of Boiler Operator or Stationary Engineer

173

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)

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| 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.

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| FOR OFFICE USE ONLY | |
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| 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 st Class Stationary Engineer <input type="checkbox"/> 3 rd Class Stationary Engineer <input type="checkbox"/> 2 nd Class Stationary Engineer |

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| 2. Approved Qualified Education Program (QTEP) Completed |
| <input type="checkbox"/> Yes (certificate and transcripts attached) <input type="checkbox"/> N/A |

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|---------------------------------|---|---|--------|
| 3. Applicant Information | | | |
| NAME | DATE OF BIRTH | SOCIAL SECURITY NUMBER* | |
| | | XXX-XXX- | |
| ADDRESS | HOME TELEPHONE NUMBER (Include Area Code) | WORK TELEPHONE NUMBER (Include Area Code) | |
| CITY | STATE | ZIP CODE | COUNTY |

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|---|------------|
| 4. Signature | |
| I _____ hereby certify that the matters set forth by me in this application are (Printed Name) | |
| 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 _____ |

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|---|---|-----------------------------------|---------------------------------|
| 5. Official Use Only | | | |
| <input type="checkbox"/> Information verified | <input type="checkbox"/> Additional information requested | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied |
| OFFICIAL SIGNATURE | | DATE | |
| NOTES | | | |
| _____ _____ _____ | | | |

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| *This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act. |
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