

**Application for Electrical Apprentice**  
 Michigan Department of Licensing and Regulatory Affairs  
 Bureau of Construction Codes / Electrical Division  
 P.O. Box 30255, Lansing, MI 48909  
 517-241-9320  
 www.michigan.gov/bcc

Agency Use Only

**Fee: \$15.00**

Authority: 1956 PA 217  
 Completion: Mandatory  
 Penalty: Certificate of 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.

**This form is for 1<sup>st</sup> time electrical apprentice registration only.** If you have previously registered call for assistance.

**Note:** Effective September 1, 2010, all electrical apprentices are required to be participating in an electrical training program approved by the Electrical Administrative Board as stipulated in 1956 PA 217.

**Instructions:**

- Complete and sign application. Type or print in ink.
- **The sponsoring employer's signature must be notarized.**
- Enclose a check made payable to the **State of Michigan**.
- Mail completed application and payment to the address listed above.

**Applicant Information**

NAME (Last Name, First Name, Middle Initial)		DATE OF BIRTH	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER*
			XXX-XX-
ADDRESS	CITY	TOWNSHIP	
COUNTY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)

**Sponsoring Employer Information** - Locally licensed contractors must provide a copy of current license with this application

SPONSORING EMPLOYER	ELECTRICAL CONTRACTOR LICENSE NUMBER	MASTER ELECTRICIAN LICENSE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
HIRE DATE OF APPLICANT	TELEPHONE NUMBER (Include Area Code)		

**Certification and Signature of Sponsoring Employer's** - Signature must be notarized

I certify the information is true and accurate to the best of my knowledge.	Subscribed and sworn before me, this ____ day of _____, 20____.
PRINTED NAME OF SPONSORING EMPLOYER	a Notary Public in and for _____ County, Michigan.
SIGNATURE OF SPONSORING EMPLOYER	Signature of Notary Public _____
	My Commission expires: _____, 20____.

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

**COMPLETE BACK SIDE OF THIS APPLICATION**

**Certification and Signature of Approved Related Technical Instruction Provider**

I certify that \_\_\_\_\_ is currently participating in an electrical training program  
(Printed Name of Applicant)  
approved by the Electrical Administrative Board.

RELATED TECHNICAL INSTRUCTION PROVIDER (e.g. college, trade, labor organization etc.)	PHONE NUMBER (Required)
PRINTED NAME OF AUTHORIZED REPRESENTATIVE	SIGNATURE OF AUTHORIZED REPRESENTATIVE

I understand that I am responsible for maintaining a chronological record of my employment as an electrical apprentice and that I must submit proof of my employment when requested by the licensing authority. I understand as an apprentice I am prohibited from engaging in electrical work in the State of Michigan without the direct supervision of a Michigan licensed electrician.

**Certification and Signature of Applicant**

I certify the information provided is true and accurate to the best of my ability. I further understand fraud or deceit in obtaining registration is grounds for administrative action in accordance with the act.

APPLICANT'S SIGNATURE	DATE
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