

**Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes**

Notice to Veterans

In accordance with 2012 PA 313, any veteran providing satisfactory proof of separation from the armed forces of the United States under **“honorable”** or **“general under honorable conditions”** is exempt from registration, licensing and examination fees. For consideration, please attach a copy of either a **DD-214**, and/or **DD-215** to your application.

If you do not have a DD-214 or DD-215 in your possession, please contact the Michigan Veterans Affairs Agency at (517) 284-5298 for assistance.

The Electrical Division may be contacted at (517) 241-9320 if you have any questions prior to submission.

Application for Fire Alarm Specialty Technician Examination

103

Michigan Department of Licensing and Regulatory Affairs

Bureau of Construction Codes / Electrical Division

P.O. Box 30255, Lansing, MI 48909

Phone: 517-241-9320

E-Mail: bccelec@michigan.gov

www.michigan.gov/bcc

Agency Use Only

Examination Fee: \$100.00 (nonrefundable)

Authority: 1956 PA 217 Completion: Mandatory Penalty: Examination will not be given	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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To be eligible for examination an applicant must have reached the age of 20 years and be certified by the National Institute for Certification in Engineering Technology (NICET) as an associate of engineering technician, level II, or the equivalent as determined by the board, in the field of fire alarm systems technology.

Instructions:

- Complete and sign application. Type or print in ink.
- **Attach NICET certificate to this application.**
- Application and fee must be received 20 business days prior to the examination date.
- Enclose a check made payable to the **State of Michigan**.
- Mail completed application, required documents 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-
E-MAIL ADDRESS			
ADDRESS	CITY	TOWNSHIP	
COUNTY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)

Have you previously taken this examination? Yes No

If examination was not administered by the State Electrical Division provide the licensing entity:

City of _____ Township of _____

If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

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

Certification and Signature of Applicant

I certify the information provided is true and accurate to the best of my ability and I have the experience required for this examination. I further understand falsification of any statement is cause for rejection of this application or revocation of license, if issued.

APPLICANT'S SIGNATURE	DATE

Agency Use Only

Approved for Exam: Yes No

Validation Area

Date of Exam	Score	Absent	Date of Exam	Score	Absent

Date Approved by EAB _____