

**Application for Fire Alarm Specialty Apprentice Technician**

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 fire alarm specialty apprentice technician registration only.** If you have previously registered call for assistance.

**Note:** Effective September 1, 2010, all fire alarm specialty apprentice technicians are required to be participating in a fire alarm 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 supervising 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 fire alarm contractors must provide a copy of current license with this application**

SPONSORING EMPLOYER	FIRE ALARM CONTRACTOR LICENSE NUMBER	FIRE ALARM SPECIALTY TECHNICIAN LICENSE NUMBER
ADDRESS	CITY	STATE
		ZIP CODE
HIRE DATE OF APPLICANT	TELEPHONE NUMBER (Include Area Code)	

**Certification and Signature of Supervising Sponsoring Employer - 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____, a Notary Public in and for _____ County, Michigan. Signature of Notary Public _____ My Commission expires: _____, 20____.
PRINTED NAME OF SPONSORING EMPLOYER	
SIGNATURE OF SPONSORING EMPLOYER	

\*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 a fire alarm training program (Printed Name of Applicant)	
approved by the Electrical Administrative Board.	
RELATED TECHNICAL INSTRUCTION PROVIDER (e.g. college, trade, labor organization etc.)	PHONE (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 a fire alarm specialty apprentice technician and that I must submit proof of my employment when requested by the licensing authority. To qualify to sit for the State of Michigan fire alarm specialty technician examination an individual must attain certification by the National Institute for Certification in Engineering Technology (NICET) as an associate engineering technician level II.

**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