

**Application for Journeyman Electrician Examination**  
 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

**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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**Instructions:** To be eligible to make application for and take this examination an applicant shall meet the following criteria:

- Complete and sign application. Type or print in ink.
- Application and fee must be received 20 business days prior to the examination date.
- Applicant must not be less than 20 years of age.
- Provide **original notarized** documentation from present or former employers to the effect that the applicant has not less than 8,000 hours of practical experience obtained over a period of not less than 4 years related to electrical construction or electrical maintenance of buildings under direct supervision of a person licensed pursuant to the act. Documentation must include the beginning (month, day, year) to ending (month, day, year) dates of employment. The 8,000 hours of practical work experience over 4 years must be attained prior to the deadline date for submitting documentation. **Notarized**, original documentation must be on employers' letterhead stationery and provide dates of employment and hours worked under licensed supervision and signed by the qualified master electrician.
- Enclose a check made payable to the **State of Michigan**.
- Mail completed application, required documents, and payment to the address listed above.

**Information**

Applicants are permitted one examination for the \$100.00 fee. Upon achieving a minimum passing score of 75% or higher, the applicant will be billed \$40.00 for the journeyman electrician license prior to issuance of the license. Failure of examination 2 times within 2 years requires 1 year waiting period from the date of the second failure and proof of successful completion of a course on code, electrical fundamentals or theory to be eligible for reexamination. Examination fee is forfeited upon failure to appear for scheduled examination unless written explanation is received within 10 business days of the examination.

**Examination Eligibility of Applicants From Other States or Countries**

A person who is licensed as a journeyman electrician in another state or country may qualify for examination upon determination by the board that the license was obtained by the person through substantially the same or equal requirements as those of the state of Michigan in accordance with the provisions of section 3a of the act.

**Applicant Information**

NAME (Last Name, First Name, Middle Initial)		DATE OF BIRTH	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER*
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 \_\_\_\_\_

**Examination Site**

Examinations are given at the sites listed below. Refer to the enclosed "Schedule of Electrical Board Meetings and Licensing Examinations" for examination dates. Please check below the site you wish to be examined at and indicate a preference of examination month. If approved for examination, an admission card will be mailed to you approximately 10 days prior to the examination date. If the examination you have selected is full, you will be scheduled for the next available examination at your preferred site.

<u>Preferred Site</u>	<u>Preferred Month</u>
<input type="checkbox"/> Lansing	_____
<input type="checkbox"/> Escanaba	_____

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.

**Experience Record** (attach additional sheets if necessary)

NAME OF CURRENT EMPLOYER		DATES OF EMPLOYMENT (MM/DD/YY)	
ADDRESS		CITY	STATE
			ZIP CODE
TYPE OF WORK PERFORMED			
NAME OF EMPLOYER		DATES OF EMPLOYMENT (MM/DD/YY)	
ADDRESS		CITY	STATE
			ZIP CODE
TYPE OF WORK PERFORMED			

**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 fraud or deceit in obtaining a license is grounds for administrative action in accordance with the act.

APPLICANT'S SIGNATURE	DATE

**Agency Use Only**

Approved for Exam  Yes  No

Date of Exam	Score	Absent	Date of Exam	Score	Absent

Validation Area

Date Approved by EAB \_\_\_\_\_