

Application for Sign Specialist 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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To be eligible for examination an applicant must have reached the age of 18 years and provide documentation of not less than 4,000 hours of experience, obtained over a period of not less than 2 years, related to the manufacture, installation, maintenance, connection or repair of electric signs and related wiring, as verified by a contractor licensed under the act.

Instructions:

- Complete and sign application. Type or print in ink.
- **Provide original *notarized* statements from current and past employers documenting required experience with this application. Statements must be on employers' letterhead stationery and include the dates and hours of employment. Be sure that all statements are *notarized*.**
- **Show completion of a sign specialist training course.**
- 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, Fire 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)

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.

Certification and Signature

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

APPLICANT'S SIGNATURE	DATE

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

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Approved for Exam Yes No

Date of Exam	Score	Absent	Date of Exam	Score	Absent

Validation Area

Date Approved by EAB _____