

**Instructor Approval Application**  
 Michigan Department of Licensing and Regulatory Affairs  
 Bureau of Construction Codes / Building Division  
 P.O. Box 30255, Lansing, MI 48909  
 Phone: 517-241-9317  
 www.michigan.gov/bcc

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|---|--|
| Authority: 1986 PA 54   | LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities. |
| Penalty: Failure to provide the information may result in denial of your request. |  |

Act 54 of 1986 and the Building Official, Plan Reviewers, and Inspector Registration Rules requires the Construction Code Commission to review and approve educational and training program instructors who will present instructional programs to building officials, plan reviewers and inspectors to meet their continuing educational and training requirements as stipulated under the Act. For approval, instructors shall complete this form and submit it to the address listed above with the required **\$100.00** fee. Make check or money order payable to the **State of Michigan**.

**Required Standards** - For Construction Code Commission approval of instructors, the following standards must be met:  
 •Instructors must have four years of experience in the subject to be taught.  
 •For technical and specialty categories in plumbing, electrical or mechanical trades, instructors must have licensure at the journey level or higher or equivalent work history in addition to the four year experience requirement above.

**Previous / Current Instructor No.** \_\_\_\_\_

**Applicant Information**

|                                    |         |        |       |                                      |                |
|------------------------------------|---------|--------|-------|--------------------------------------|----------------|
| NAME (Last, First, Middle Initial) |         |        |       |                                      |                |
| 1.                                 | ADDRESS |        |       | TELEPHONE NUMBER (Include Area Code) |                |
|                                    | CITY    | COUNTY | STATE | ZIP CODE                             | E-MAIL ADDRESS |

2. Identify the category(ies) for which you are requesting approval:

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Specialty (Identify Code Discipline)         | <input type="checkbox"/> Technical (Identify Code Discipline)         |
| <input type="checkbox"/> Communication  | <input type="checkbox"/> Building <input type="checkbox"/> Mechanical | <input type="checkbox"/> Building <input type="checkbox"/> Mechanical |
| <input type="checkbox"/> Plan Review    | <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing | <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing |

**Applicant Background** - List a summary of work history or experience relative to the subject to be taught. (Attach additional pages, if necessary)

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**Educational/Training** - List educational and training courses or programs completed relative to the subject to be taught. (Attach additional pages, if necessary)

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3. **Certifications, Licenses, Registrations** - List all certifications, licenses or registrations held that relate to the subject to be taught. (Attach additional pages, if necessary)

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**Previous Teaching/Training Experience** - List any previous teaching or training experiences. (Attach additional pages, if necessary)

**Certification and Signature**

I hereby certify all information contained in this application is true and complete.

|    |                       |       |      |
|----|-----------------------|-------|------|
| 4. | APPLICANT'S SIGNATURE | TITLE | DATE |
|----|-----------------------|-------|------|