JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
LANSING

KEITH W. COOLEY
DIRECTOR

Board of Mechanical Rules
Okemos Office Building
2501 Woodlake Circle
Conference Room 3
First Floor
Okemos, Michigan
May 14, 2008
9:00 a. m.

- AGENDA -

1. Call to Order and Determination of Quorum (Part I Pages 1-2) — Chairperson

2. Approval of March 19, 2008 Minutes (Pages 3-6) — Chairperson

3. Applicants for Registration (Page7) — T. Barry

4. Registration Appeal — T. Barry

   Document M-08-04 Robert W. Secco, Jr. (Pages 8-23)

5. Examination Appeals — T. Barry

   Document M-08-05 Kahtan Boulis (Pages 24-32)
   Document M-08-06 James Chaney (Pages 33-56)
   Document M-08-07 Craig Steven Empey (Pages 57-73)
   Document M-08-08 Paul Hart (Part II Pages 1-19)
   Document M-08-09 Joseph Yulga (Pages 20-50)
   Document M-08-10 Scott Tweedale (Pages 51-64)
   Document M-08-12 Craig Swanson, Jr. (Part III Pages 1-8)

6. Request to Appear Before the Board — T. Barry

   Document M-08-11 Robert Walker (Pages 9-17)

7. Appeal Hearing — Chairperson

   Appeal Document CCC-MECH 08-004 (Pages 18-73)

8.	Old Business	Chairperson
	Document M-07-30 Reginald T. McKinney (tabled 11/14/07, 01/23/08, 03/19/08) (Pages 74-84)	
9.	New Business	Chairperson
10.	Legislative Report	T. Barry
11.	Public Comment	Chairperson
12.	Adjournment	Chairperson

The meeting site is accessible, including handicapped parking. Individuals attending the meeting are requested to refrain from using heavily scented personal care products, in order to enhance accessibility for everyone. People with disabilities requiring additional accommodations in order to participate in the meeting should contact Claudia Tenny at 517/241-9325 at least (10) working days before the event.

JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
LANSING

KEITH W. COOLEY
DIRECTOR

BOARD OF MECHANICAL RULES
DEPARTMENT OF LABOR AND ECONOMIC GROWTH
BUREAU OF CONSTRUCTION CODES

Conference Room 3
2501 Woodlake Circle
Okemos, Michigan 48864

MINUTES

March 19, 2008
9:00 a.m.

MEMBERS PRESENT

Mr. H. Edward Bartram
Mr. Charles Inman
Mr. Robert Jagenberg
Mr. Patrick Maher
Mr. Mark Mangione
Mr. Michael Ogletree
Mr. Gregory Parker
Mr. George B. Shields
Mr. William Steele
Mr. Gary VanOchten
Mr. Charles Wash
Mr. Donald Welch

MEMBERS ABSENT

Mr. Joseph Connors
Mr. Lawrence Hale II
Mr. Christopher Stockwell

DRAFT

MICHIGAN DEPARTMENT OF LABOR & ECONOMIC GROWTH PERSONNEL ATTENDING

Mr. Tennison B. Barry, Chief, Mechanical Division, Bureau of Construction Codes
Ms. Claudia Tenny, Secretary, Mechanical Division, Bureau of Construction Codes
Mr. Mark Sisco, Deputy Director, Bureau of Construction Codes
Mr. David Adams, Assistant Chief, Mechanical Division, Bureau of Construction Codes

OTHERS IN ATTENDANCE

Mr. Stephen Wylie, Consumers Energy
Mr. Lynn Briggs, SMACNA/MIAM
Mr. Richard Fisher, Fabric Air, Inc.

1. CALL TO ORDER AND DETERMINATION OF QUORUM

Mr. Robert Jagenberg, Chairperson, called the meeting to order at 9:00 a.m. Roll was called and a quorum was determined.

Mr. Jagenberg recognized the service and upcoming retirement of Mr. Mark Sisco, Deputy Director, Bureau of Construction Codes and Board Member Donald Welch. Mr. Sisco made comments to the Board as well as Mr. Welch regarding their service over the years with the Board.

2. APPROVAL OF MINUTES

Mr. VanOchten made a **MOTION** to approve the minutes of the January 23, 2008 meeting with the addition of the name of Mr. VanOchten as being present and seconded by Mr. Wash. **MOTION CARRIED.**

3. APPLICANT FOR REGISTRATION

DRAFT

Mr. Bartram made a **MOTION** to approve the following for registration as Mechanical inspector, seconded by Mr. Inman. **MOTIN CARRIED.**

Mr. Jeffrey A. Smith

4. PRODUCT APPROVAL (ADDENDUM)

Document M-08-03 - Mr. Richard Fisher appeared before the Board representing Fabric Air Inc. Mr. Barry referred to material presented and described the product. Mr. Fisher answered questions from various Board members. Mr. Steele made a **MOTION** to approve the product with staff recommendations: 1) Must be installed to the Michigan Mechanical Code, 2) Must be installed to the installation instructions, 3) Must be installed in compliance with AC 167, 4) Must be located in the space that is being conditioned by the system and 5) Must not pass through fire resistance-rated assemblies. The **MOTION** was seconded by Mr. Bartram. **MOTION CARRIED.**

5. OLD BUSINESS

Document M-07-29, David Vermillion. A **MOTION** to remove the appeal from the table was made by Mr. Wash and seconded by Mr. Bartram. **MOTION CARRIED.**

Mr. Vermillion was not in attendance at the meeting. Mr. Barry reviewed for the Board the recommendation of the Administrative Law Judge. Action had been tabled on 11/14/07 and 01/23/08. A **MOTION** was made by Mr. Welch and seconded by Mr. Steele to accept the recommendation of the Administrative Law Judge and revoke the Mechanical Contractor License of Mr. Vermillion. **MOTION CARRIED.**

Document M-07-30 –Reginald McKinney, tabled 11/14/07 and 01/23/08. A **MOTION** was made by Mr. Wash and seconded by Mr. VanOchten to take the appeal off the table. **MOTION CARRIED.** Mr. McKinney was not present at the meeting. Mr. Barry reported on the status of the appeal and the history of the appeal. A **MOTION** was made by Mr. Ogletree and seconded by Mr. Shields to again table the appeal until the May 14, 2008 meeting. **MOTION CARRIED.**

6. NEW BUSINESS

Mr. Steele raised the question of employment of family members under the 1099. There was discussion from various Board members regarding the IRS rules in this matter and use of this type experience in obtaining approval to take the mechanical exam. It has been the position of the Board that 1099 experience is not allowed.

DRAFT

7. LEGISLATIVE REPORT

Mr. Bartram raised a question on the proposed Forbes Act concerning fines included. Mr. Sisco responded what the law would be if enacted. The Board could issue fines and/or take licensing action. There is also a felony provision if one is found doing work without a license.

Mr. Sisco also reported to the Board that the licensing law for builders has been changed with additional requirements for the applications and including ongoing training and strengthening protection for the public.

There was extended discussion regarding the submission of the legislation to the legislature.

8. PUBLIC COMMENT

Mr. Lynn Briggs had Mr. Sisco discuss the possibility of asking for fee increases. The Bureau is now back before the legislature and must again show the backing of the industry.

There was extended discussion among board members regarding fees. Mr. Briggs further discussed the proposed Forbes Act. One point of disagreement is that inspectors cannot also be contractors. Mr. Briggs suggested that this be taken out of the Forbes proposal and be an amendment to the inspector registration act. There needs to be agreement in the industry to resolve this issue.

9. ADJOURNMENT

A **MOTION** was made by Mr. Bartram to adjourn the meeting, seconded by Mr. Shields. **MOTION CARRIED.**

Next Board of Mechanical Rules Meeting May 14, 2008

APPROVED _____ **DATE** _____

Mr. Robert Jagenberg, Chairperson

DRAFT

Document #08-46e

MECHANICAL INSPECTORS

05/14/08 bmr
07/09/08 ccc

INMAN, Frederick W.
8,000+ hours HVAC
Additional Inspector
Newaygo County

RATLIFF, James D.
8,000+ hours HVAC
Additional Inspector
City of Ann Arbor – Washtenaw County

JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
LANSING

KEITH W. COOLEY
DIRECTOR

April 21, 2008

M-08-04

TO: Members of the Board of Mechanical Rules

FROM: Tennison B. Barry, Chief, Mechanical Division

SUBJECT: Appeal Request for

APPLICANT REPRESENTATIVE:

Robert W. Secco, Jr.

PROJECT:

Not applicable.

AUTHORITY:

The Building Official, Plan Reviewers, and Inspector Registration Rules as amended being Act 54 of the Michigan Compiled Laws.

REQUEST:

Requesting registration approval as a mechanical inspector.

APPLICABLE RULE:

R 408.30043 Mechanical inspector; experience

FINDINGS:

Mr. Secco's application for mechanical inspector does not indicate experience working in the field as required by rule 43.

RECOMMENDATION:

Staff recommendations denial

JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
LANSING

KEITH W. COOLEY
DIRECTOR

April 22, 2008

Mr. Robert W. Secco, Jr.
469 Capitol
Lincoln Park, MI 48146

Dear Mr. Secco:

On May 14, 2008, the Board of Mechanical Rules will consider your appeal for registration as a Mechanical Inspector.

If you would like input on this action, you should be present at the Okemos Office Building, 2501 Woodlake Circle, Okemos, Michigan at 9:00 a.m. in Conference Room 3.

The meeting site is accessible, including handicapped parking. Individuals attending the meeting are requested to refrain from using heavily scented personal care products, in order to enhance accessibility for everyone. People with disabilities requiring additional accommodations in order to participate in the meeting should contact the Mechanical Division at 517/241-9325 at least (10) working days before the event.

If I can be of further assistance, you may contact me.

Sincerely,

Tennison B. Barry
CT

Tennison B. Barry, Chief
Mechanical Division

TBB/cct

JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
LANSING

KEITH W. COOLEY
ACTING DIRECTOR

April 1, 2008

TO: Dave Adams, Assistant Chief, BCC Mechanical Division

FROM: Scott D. Fisher, Director MS for
Office of Local Government and Consumer Services

SUBJECT: Mechanical Inspector Appeal
Robert W. Secco, Jr.

Enclosed is a request for an appeal from Robert M. Secco, Jr. regarding his application for provisional registration as a mechanical inspector, and all relative information contained in his file. It is requested that his appeal be heard by the Board of Mechanical Rules at their meeting on May 14, 2008.

It is also requested that you advise Mr. Secco of the date, time, and location of the appeal and provide our office with a copy of the notification and the Board's decision.

Thank you for your assistance.

SDF/dmp

Attachments

cc: Claudia Tenny, Secretary, BCC Mechanical Division w/attachments
Kevin Kalakay, Senior Inspector, BCC Mechanical Division w/attachments

JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
LANSING

KEITH W. COOLEY
ACTING DIRECTOR

April 1, 2008

Mr. Robert W. Secco, Jr.
469 Capitol
Lincoln Park, MI 48146

Dear Mr. Secco:

Your request for an appeal before the Board of Mechanical Rules for provisional registration as a Mechanical Inspector was received on March 26, 2008.

Your appeal is being forwarded to the Bureau's Mechanical Division to be heard by the Board of Mechanical Rules at their next regularly scheduled meeting. The Mechanical Division will advise you of the date and time of the meeting. If you have any questions regarding your mechanical inspector appeal, you may contact Kevin Kalakay, Senior Inspector for the Mechanical Division, at (517) 241-9325.

If you have any questions relating to the appeal process, you may contact Dorothy Pfister at (517) 241-9347.

Sincerely,

Scott D. Fisher, Director
Office of Local Government and Consumer Services

SDF/dmp

cc: Robert A. Casanova, Building Inspections Director, City of Southgate
Dale Iman, Administrator, City of Southgate
David Adams, Assistant Chief, BCC Mechanical Division
Kevin Kalakay, Senior Inspector, BCC Mechanical Division

March 20th, 2008

To whom it may concern:

I, Robert W. Secco Jr., am writing this letter to appeal your decision to deny my mechanical inspector registration. I feel I have met the requirements set forth by Mr. Kevin Kalakay on having the years and experience required for registration. I have submitted letters of employment and W-2 forms for years and hours of experience. Attached are copies of them for you to review. Feel free to call me a

my previous employe any experience questions.

Thank You for all of your help,

Robert W. Secco Jr.

Home Service Corp.

2810 Oakwood Blvd. Melvindale Mi 48122
1-313-928-3833

Michigan Department of Consumer and Industry Services
Bureau of Construction Codes
Mechanical Division
P.O. Box 30254
Lansing, Mi 48909

February 8th 2008

To whom it may concern,

Please be advised that Robert Secco, was employed at Home Service Corp from the following dates 01-01-97 thru 05-32-98, 09-29-03 thru 12-09-2003, and 05-17-04 thru 09-01-2006. During his employment Mr. Secco logged over 8000 hours of on the job experience in the following categories. Furnace installation including duct sizing, vent sizing, and gas pipe sizing up to 400,000 btu's. Air Conditioning installations both spilt and rooftops up to 10 ton. Boiler installation's hot water and steam up to 300,000 btu. Mr. Secco also preformed basic electrical tasks on 110 volt and 220 volt circuits, basic plumbing tasks for humidifiers and hot water tanks. His time was split between tasks as follows heating 3000 hours, air conditioning 3000 hours and boilers 2000 hours. If the board has any questions regarding this letter please fell free to call me a

Sincerely,

Kurt Ritchie
Installation Manager
Mechanical Contractors License Number: 7113797

20004

OMB No. 1545-0008 **Form W-2 Wage and Tax Statement** **2006**

a Control number	1 Wages, tips, other comp. [redacted]	2 Federal income tax withheld [redacted]
	3 Social security wages [redacted]	4 Social security tax withheld [redacted]
b Employer ID number (EIN) [redacted]	5 Medicare wages and tips [redacted]	6 Medicare tax withheld [redacted]

c Employer's name, address, and ZIP code

HOME SERVICE CORPORATION

2810 OAKWOOD BLVD
MELVINDALE MI 48122-1243

d Employee's social security number [redacted]

e Employee's name, address, and ZIP code

ROBERT W SECCO JR.
25167 BALFOUR
WOODHAVEN MI 48183

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
12b	12c	12d

13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐

14 Other

MI [redacted]	[redacted]	[redacted]
15 State Employer's state I.D. #	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Copy B To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service.
DXA

Dept. of the Treasury - IRS

This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable and you fail to report it.

OMB No. 1545-0008 **Form W-2 Wage and Tax Statement** **2005**

a Control number	1 Wages, tips, other comp. [redacted]	2 Federal income tax withheld [redacted]
	3 Social security wages [redacted]	4 Social security tax withheld [redacted]
b Employer ID number (EIN) [redacted]	5 Medicare wages and tips [redacted]	6 Medicare tax withheld [redacted]

c Employer's name, address, and ZIP code

HOME SERVICE CORPORATION

2810 OAKWOOD BLVD
MELVINDALE MI 48122-1243

d Employee's social security number [redacted]

e Employee's name, address, and ZIP code

ROBERT J. SECCO JR.
12740 STONERIDGE LANE
SOUTH ROCKWOOD MI 48197

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
12b	12c	12d

13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐

14 Other

MI [redacted]	[redacted]	[redacted]
15 State Employer's state I.D. #	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Copy C For EMPLOYEE'S RECORDS (See Notice on back.)
DXA

Dept. of the Treasury - IRS

OMB No. 1545-0008 **Form W-2 Wage and Tax Statement** **2004**

a Control number	1 Wages, tips, other comp. [redacted]	2 Federal income tax withheld [redacted]
	3 Social security wages [redacted]	4 Social security tax withheld [redacted]
b Employer ID number [redacted]	5 Medicare wages and tips [redacted]	6 Medicare tax withheld [redacted]

c Employer's name, address, and ZIP code

HOME SERVICE CORPORATION

2810 OAKWOOD BLVD
MELVINDALE MI 48122-1243

d Employee's social security number [redacted]

e Employee's name, address, and ZIP code

ROBERT J. SECCO JR
12740 STONERIDGE LANE
SOUTH ROCKWOOD MI 48179

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
12b	12c	12d

13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐

14 Other INS 96.65

MI [redacted]	[redacted]	[redacted]
15 State Employer's state I.D. #	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Copy 2 To be Filed With Employee's State, City, or Local Income Tax Return
DXA

Dept. of the Treasury - IRS

OMB No. 1545-0008 **Form W-2 Wage and Tax Statement** **2003**

a Control number	1 Wages, tips, other comp. [redacted]	2 Federal income tax withheld [redacted]
	3 Social security wages [redacted]	4 Social security tax withheld [redacted]
b Employer ID number [redacted]	5 Medicare wages and tips [redacted]	6 Medicare tax withheld [redacted]

c Employer's name, address, and ZIP code

HOME SERVICE CORPORATION

2810 OAKWOOD BLVD
MELVINDALE MI 48122-1243

d Employee's social security number [redacted]

e Employee's name, address, and ZIP code

ROBERT J. SECCO JR.
1700 FORT APT 3 B
TRENTON MI 48183

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
12b	12c	12d

13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐

14 Other

MI [redacted]	[redacted]	[redacted]
15 State Employer's state I.D. #	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Copy 2 To be Filed With Employee's State, City, or Local Income Tax Return
DXA

Dept. of the Treasury - IRS

JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
LANSING

KEITH W. COOLEY
DIRECTOR

March 11, 2008

Mr. Robert W. Secco, Jr.
469 Capitol
Lincoln Park, MI 48146

Dear Mr. Secco:

The additional information you submitted for provisional registration as a mechanical inspector has been reviewed by the Bureau's Mechanical Division.

Rule 43 of the Building Official, Plan Reviewers, and Inspector Registration Rules requires 4 years experience in the work classification of heating ventilation and air conditioning (HVAC) or hydronic heating and process piping or a combination of experience in both classifications, as defined in the Forbes Mechanical Contractors Act, PA 192 of 1984, as amended.

However, based upon the additional information submitted, it does not appear that you have the four years of experience as required by Rule 43. Therefore, your application for provisional registration as a mechanical inspector has been denied.

You may appeal this decision by contacting the Bureau, in writing. If we do not receive a request for an appeal within 15 days, your application for registration as a mechanical inspector will be canceled. If you have any questions regarding the decision to deny your mechanical inspection registration, please contact Kevin Kalakay at (517) 241-9325. If you have any questions relating to the appeal process you may contact Dorothy Pfister at (517) 241-9347.

Sincerely,

Scott D. Fisher, Director
Office of Local Government & Consumer Services

SDF/dmp

cc: Robert A. Casanova., Building Inspections Director, City of Southgate
Dale Iman, Administrator, City of Southgate
Kevin Kalakay, Senior Inspector, BCC Mechanical Division

Code Enforcement Employment Verification (To be completed by the elected official or designee)

Robert Secco Jr.

(If employed by more than one unit of government, attach additional sheets)

Date of Hire: 1-1-08

UNIT OF GOVERNMENT	COUNTY	INDICATE CODE AND EDITION CURRENTLY BEING ENFORCED
City OF Southgate	Wayne	
STREET ADDRESS	TE (Telephone Area Code)	Building
14400 Dix-Toledo Rd	7 6	Electrical
CITY / STATE / ZIP CODE		Mechanical 2006 MMC
South Gate / MI / 48195		Plumbing

DESCRIPTION OF DUTIES TO BE PERFORMED AS A CODE OFFICIAL

mechanical Inspector / plan Reviewer

Is this applicant replacing a previously registered inspector? ☐ Yes ☒ No

NAME OF PERSON BEING REPLACED	REGISTRATION NUMBER	DATE EMPLOYMENT TERMINATED

I hereby certify the applicant is in the employment of this unit of government, performing the type of work described on this application.

PRINT OR TYPE NAME OF ELECTED OFFICIAL OR DESIGNEE	TITLE
Robert A. Casanova	Building Inspections Director
SIGNATURE OF ELECTED OFFICIAL OR DESIGNEE	DATE
Robert A. Casanova	December 3, 2007

Code Enforcement History Verification

Are you or have you previously been employed as a building official, code inspector or plan reviewer? ☐ Yes ☑ No

UNIT OF GOVERNMENT (Attach a list if more than four)	DATES OF EMPLOYMENT
UNIT OF GOVERNMENT	DATES OF EMPLOYMENT
UNIT OF GOVERNMENT	DATES OF EMPLOYMENT
UNIT OF GOVERNMENT	DATES OF EMPLOYMENT

An applicant for registration as an electrical or plumbing inspector shall indicate their license number on the front of this form and ***must attach a copy of their license.***

An applicant for building inspector or plan reviewer, who holds a Michigan residential builder, maintenance and alteration, or architect or engineer license, shall indicate their license number on the front of this form and ***must attach a copy of their license.***

An applicant for mechanical inspector who holds a Michigan mechanical contractor license shall indicate their license number on the front of this form and ***must attach a copy of their license.***

All applicants must complete the attached Employment Record. List all work experience starting with your most recent employment and working backwards. Provide a *detailed description* of regularly assigned, ongoing duties for each job; include percentage of time spent on each duty. Attach additional sheets if necessary. Each form shall be signed by the employer or supervisor.

Qualifications for registration are evaluated by reviewing the employment records to determine that the applicant meets the minimum requirements set forth in the Construction Code Commission Rules providing standards for provisional registration, specifically, Rules 31 through 49. **(Please note that Rule 37 requires 4 years of combined experience. 2,080 documented hours of field experience will be considered equal to 1 year.)** Copies of the rules are available from the Michigan Department of Labor and Economic Growth, Bureau of Construction Codes.

All forms and attachments to the application shall be identified with your name and social security number.

Applicant Certification and Signature

I hereby certify all information contained in this application is true and complete. I agree and understand any falsification of material fact will result in my forfeiting any rights to consideration for registration under the provisions of 1986 PA 54 and the associated administrative rules.

SIGNATURE OF APPLICANT	DATE
	11-27-07

Home Service Corp.

2810 Oakwood Blvd. Melvindale Mi 48122
1-313-928-3833

Michigan Department of Consumer and Industry Services
Bureau of Construction Codes
Mechanical Division
P.O. Box 30254
Lansing, Mi 48909

February 8th 2008

To whom it may concern,

Please be advised that Robert Secco, employed at Home Service Corp from the following dates 01-01-97 thru 05-32-98, 09-29-03 thru 12-09-2003, and 05-17-04 thru 09-01-2006. During his employment Mr. Secco logged over 8000 hours of on the job experience in the following categories. Furnace installation including duct sizing, vent sizing, and gas pipe sizing up to 400,000 btu's. Air Conditioning installations both spilt and rooftops up to 10 ton. Boiler installation's hot water and steam up to 300,000 btu. Mr. Secco also preformed basic electrical tasks on 110 volt and 220 volt circuits, basic plumbing tasks for humidifiers and hot water tanks. His time was split between tasks as follows heating 3000 hours, air conditioning 3000 hours and boilers 2000 hours. If the board has any questions regarding this letter please fell free to call me at 313-363-9376

Sincerely,

Kurt Ritchie
Installation Manager
Mechanical Contractors License Number: 7113797

JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
LANSING

KEITH W. COOLEY
DIRECTOR

CORRECTED

January 28, 2008

Mr. Robert W. Secco, Jr.
469 Capitol
Lincoln Park, MI 48146

Dear Mr. Secco:

Your application for provisional registration as a mechanical inspector and plan reviewer was received December 18, 2007.

The Bureau's Mechanical Division has reviewed your mechanical experience. Rule 43 of the Building Official, Plan Reviewers, and Inspector Registration Rules states:

> **"An applicant for registration as a provisional mechanical inspector shall have 4 years of experience in either the work classification of heating ventilation and air conditioning (HVAC) or hydronic heating and process piping or a combination of experience in both classifications defined in 1984 PA 192, MCL 338.971 et seq. and known as the Forbes mechanical contractors act. Two of the 4 years of experience shall have been at the journey level or at a higher level."**

To determine if you qualify for provisional registration as a mechanical inspector, you must provide detailed information relating to your experience in *HVAC or hydronic heating and process piping*. **Your experience can be verified through letters from employers on company letterhead, and signed by an authorized company representative, stating your specific job duties, percentage of time spent on each duty, dates of employment and the amount of hours worked per week.**

In addition, Page 2 requires information regarding the unit of government which will employ you, including address and phone number, and your date of hire. Your job duties to be performed for that unit of government must also be verified. I have enclosed a copy of Page 2 of your application for your use.

Please provide the required information to the **Office of Local Government and Consumer Services** by **February 29, 2008**. If you have any questions regarding your mechanical experience, you may contact Kevin Kalakay, Senior Inspector of the Bureau's Mechanical Division at (517) 241-9325.

If you do not respond within the time frame specified, your application for provisional registration as a mechanical inspector and plan reviewer will be canceled.

If you have any questions, you may contact me at (517) 241-9347.

Sincerely,

Dorothy M. Pfister, Department Analyst
Office of Local Government & Consumer Services

Enclosure

cc: Robert A. Casanova, Building Inspections Director, City of Southgate w/o enclosure
Dale Iman, Administrator, City of Southgate w/o enclosure
Kevin Kalakay, Senior Inspector, BCC Mechanical Division w/o enclosure

0075

145

Application for Registration of Building Officials, Code Inspectors and Plan Reviewers

Michigan Department of Labor & Economic Growth
Bureau of Construction Codes
Office of Local Government and Consumer Services
P.O. Box 30255, Lansing, MI 48909
517-241-9347
www.michigan.gov/bcc

Tran Info:145 13472954-1 12/17/07
Chk#: 050642 Amt: $20.00
ID: CITY OF SOUTHGATE

Authority: 1986 PA 54 Completion: Mandatory to be registered Penalty: May not be employed as a building official, code inspector or plan reviewer	The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Act 54 of 1986 and the Building Official, Plan Reviewers, and Inspector Registration Rules requires all building officials, plan reviewers, building, electrical, mechanical and plumbing inspectors to **apply for registration with the Construction Code Commission within 30 days of employment**. To register, an applicant shall complete and submit this form to the Construction Code Commission at the above address with the employment record and correct fee. This application must be completed in its entirety and include required supporting documentation. Incomplete applications cannot be processed and will be returned to the applicant.

☑ New Applicant ☐ Currently Registered - Registration Number_____

Applicant Information

NAME (Last, First, Middle): Secco Jr. Robert William		SOCIAL SECURITY NUMBER	
HOME ADDRESS: 469 Capitol		TELEPHONE NUMBER (Include Area Code)	
CITY: Lincoln Park	COUNTY: WAYNE	STATE: MI	ZIP CODE: 48146

Listed below are the registration classifications. Indicate the classifications for which you are seeking registration by placing a check mark in the appropriate box or boxes.

☐ 1. **"Building Official"** means a construction code enforcement person working as an inspector or plan reviewer or actively engaged in the administration and enforcement of adopted building, electrical, mechanical or plumbing codes, or any combination of these codes. ***Prerequisite: Registration as an inspector or plan reviewer for two years.***

☑ 2. **"Inspector"** means the person responsible for the administration and enforcement of the construction of buildings, structures or appurtenances under the requirements of the applicable building, electrical, mechanical or plumbing code administered and enforced within the jurisdiction of the employing enforcing agency.

Indicate which trade or trades you will be inspecting and provide your license number and class (Contractor, Master or Journey) if appropriate. **Include a copy of all licenses issued by the State of Michigan or the local licensing authority.**

Category	License #	Class	Category	License #	Class
☐ Building			☑ Mechanical		
☐ Electrical			☐ Plumbing		

☑ 3. **"Plan Reviewer"** means a person engaged in the practice of examining construction documents for the purpose of determining compliance with applicable codes.

Indicate the type of plan review you will be performing.

☐ Building ☐ Electrical ☑ Mechanical ☐ Plumbing

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

Submit **$10.00** for **each classification** for **each year** of the current code cycle for which you are seeking registration.

$ 20.00	**Total Fee**

Make check or money order payable to **State of Michigan**

AGENCY USE ONLY

Code Enforcement Employment Verification (To be completed by the elected official or designee)

(If employed by more than one unit of government, attach additional sheets)

UNIT OF GOVERNMENT	COUNTY		Date of Hire:
STREET ADDRESS	TELEPHONE NUMBER (Include Area Code)		INDICATE CODE AND EDITION CURRENTLY BEING ENFORCED Building Electrical
CITY	STATE MI	ZIP CODE	Mechanical Plumbing

DESCRIPTION OF DUTIES TO BE PERFORMED AS A CODE OFFICIAL

Is this applicant replacing a previously registered inspector? ☐ Yes ☒ No

NAME OF PERSON BEING REPLACED	REGISTRATION NUMBER	DATE EMPLOYMENT TERMINATED

I hereby certify the applicant is in the employment of this unit of government, performing the type of work described on this application.

PRINT OR TYPE NAME OF ELECTED OFFICIAL OR DESIGNEE	TITLE
Robert A. Casanova	Building Inspections Director
SIGNATURE OF ELECTED OFFICIAL OR DESIGNEE Robert A. Casanova	DATE December 3, 2007

Code Enforcement History Verification

Are you or have you previously been employed as a building official, code inspector or plan reviewer? ☐ Yes ☑ No

UNIT OF GOVERNMENT (Attach a list if more than four)	DATES OF EMPLOYMENT
UNIT OF GOVERNMENT	DATES OF EMPLOYMENT
UNIT OF GOVERNMENT	DATES OF EMPLOYMENT
UNIT OF GOVERNMENT	DATES OF EMPLOYMENT

An applicant for registration as an electrical or plumbing inspector shall indicate their license number on the front of this form and ***must attach a copy of their license.***

An applicant for building inspector or plan reviewer, who holds a Michigan residential builder, maintenance and alteration, or architect or engineer license, shall indicate their license number on the front of this form and ***must attach a copy of their license.***

An applicant for mechanical inspector who holds a Michigan mechanical contractor license shall indicate their license number on the front of this form and ***must attach a copy of their license.***

All applicants must complete the attached Employment Record.. List all work experience starting with your most recent employment and working backwards. Provide a *detailed description* of regularly assigned, ongoing duties for each job; include percentage of time spent on each duty. Attach additional sheets if necessary. Each form shall be signed by the employer or supervisor.

Qualifications for registration are evaluated by reviewing the employment records to determine that the applicant meets the minimum requirements set forth in the Construction Code Commission Rules providing standards for provisional registration, specifically, Rules 31 through 49. **(Please note that Rule 37 requires 4 years of combined experience. 2,080 documented hours of field experience will be considered equal to 1 year.)** Copies of the rules are available from the Michigan Department of Labor and Economic Growth, Bureau of Construction Codes.

All forms and attachments to the application shall be identified with your name and social security number.

Applicant Certification and Signature

I hereby certify all information contained in this application is true and complete. I agree and understand any falsification of material fact will result in my forfeiting any rights to consideration for registration under the provisions of 1986 PA 54 and the associated administrative rules.

SIGNATURE OF APPLICANT	DATE
	11-27-07

Employment Record

To ensure your application is processed in a timely manner, please refer to the instructions attached to this application for documentation requirements. Provide a detailed description of regularly assigned, ongoing duties for each job, **including percentage of time spent on each duty**. Attach additional sheets if necessary.

EMPLOYER	JOB TITLE	
Home Service Corp.	Installer / Service tech	
STREET ADDRESS: 2810 OAKwood BLVD.	DATES OF EMPLOYMENT (MONTH/DAY/YEAR) FROM: 5/2002 TO: present.	AVERAGE HOURS PER WEEK: 40+
CITY: Melvindale M	STATE: MI	ZIP CODE: 48122

Percentage	Description of Your Duties
50 %	Installing of up to 5 ton A/C & furnaces
10 %	Duct work
10 %	Ventilation
10 %	Electrical
20 %	Service of Equipment
100%	SUPERVISOR'S SIGNATURE: Kurt Ritchie — TELEPHONE NUMBER (Include Area Code):

EMPLOYER	JOB TITLE	
Knights Construction	operator / Superuison	
STREET ADDRESS	DATES OF EMPLOYMENT (MONTH/DAY/YEAR) FROM: 2001 TO: 2002	AVERAGE HOURS PER WEEK: 40+
CITY: Troy	STATE: Mi	ZIP CODE

Percentage	Description of Your Duties
50 %	Superuison of Crews
30 %	operator of Heavy Equipment
20 %	Install underground utilities
%	
%	
100%	SUPERVISOR'S SIGNATURE: Jamie — TELEPHONE NUMBER (Include Area Code):

Employment Record

EMPLOYER	JOB TITLE	
Corby Energy	Operator / Supervisor	
STREET ADDRESS: Elonse Rd	DATES OF EMPLOYMENT (MONTH/DAY/YEAR) FROM: 1999 TO: 2001	AVERAGE HOURS PER WEEK: 40+
CITY: Taylor mi	STATE: MI	ZIP CODE

Percentage	Description of Your Duties
50 %	Manage Crew
30 %	Operate Heavy Equipment
20 %	Install under Ground Utilities
%	
%	
100%	SUPERVISOR'S SIGNATURE: Al — TELEPHONE NUMBER (Include Area Code)

EMPLOYER	JOB TITLE	
Lanier Worldwide	CSR.	
STREET ADDRESS: 7 mile Rd	DATES OF EMPLOYMENT (MONTH/DAY/YEAR) FROM: 94 TO: 1999	AVERAGE HOURS PER WEEK: 40+
CITY: Livonia	STATE: mi	ZIP CODE

Percentage	Description of Your Duties
50 %	Repair office Equipment
50 %	Manage inventory
%	
%	
%	
100%	SUPERVISOR'S SIGNATURE: Mike. — TELEPHONE NUMBER (Include Area Code)

If necessary, make additional copies of this form.

JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
LANSING

KEITH W. COOLEY
DIRECTOR

April 21, 2008 M-08-05

TO: Members of the Board of Mechanical Rules

FROM: Tennison B. Barry, Chief, Mechanical Division

SUBJECT: Appeal Request for

APPLICANT REPRESENTATIVE:

Kahtan Boulis

PROJECT:

Not applicable.

AUTHORITY:

The Forbes Mechanical Contractors Act of 1984 as Amended, being Act 192 of the Michigan Compiled Laws.

REQUEST:

Requesting an appeal to sit for the Mechanical Contractors Examination.

APPLICABLE RULE:

R 338.903a. Of the Board of Mechanical Rules License Examination Procedures

FINDINGS:

Mr. Boulis does not appear to have experience as required by Act 192.

RECOMMENDATION:

Staff recommends denial.

JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
LANSING

KEITH W. COOLEY
DIRECTOR

April 22, 2008

Mr. Kahtan Boulis
2185 Hidden Lake Dr.
West Bloomfield, MI 48324

Dear Mr. Boulis:

On May 14, 2008, the Board of Mechanical Rules will consider your appeal to take the Mechanical Contractor Licensing Examination to upgrade your Mechanical Contractor License.

If you would like input on this action, you should be present at the Okemos Office Building, 2501 Woodlake Circle, Okemos, Michigan at 9:00 a.m. in Conference Room 3.

The meeting site is accessible, including handicapped parking. Individuals attending the meeting are requested to refrain from using heavily scented personal care products, in order to enhance accessibility for everyone. People with disabilities requiring additional accommodations in order to participate in the meeting should contact the Mechanical Division at 517/241-9325 at least (10) working days before the event.

If I can be of further assistance, you may contact me.

Sincerely,

Tennison B. Barry

Tennison B. Barry, Chief CT
Mechanical Division

TBB/cct

March 3, 2008

To; Mechanical Division
Licensing and Regulations
Lansing, Michigan

RECEIVED
MAR 6 2008
By

Re-Examination

Dear Sir/Madam

Per your recommendation, I would like to take my case, participating in Mechanical Contractor Licensing Examination on 2-HVAC and 3-Dudtwork to your respectful bord for equitable at your earliest convenient time and manner.
My old employer (Heating and Cooling Ltd.) refused to sign my application one more time .The first time when I applied for my examination on license on 5-Limited Heating Service and 7-Limited Refrigeration and Air conditioning Service. I had to follow the same procedure to take the examination. I had my license in April of 2007.

So please help me to take it this time.

Sincerely

Kahtan Boulis

Experience Record

It is necessary to show a minimum of 3 years experience in one or more of the work classifications. List your present employer first. Describe the type of work performed in detail to enable the reviewer to correctly evaluate your qualifications. Describe the work classifications you have had experience in and the length of time you performed the work. Have each contractor of record certify your dates of employment and have their signatures notarized. Attach extra sheets if necessary.

EMPLOYER NAME			DATES EMPLOYED (Month / Day / Year) FROM: TO:
ADDRESS			TYPE OF WORK PERFORMED ☐ Residential ☐ Full-Time
CITY	STATE	ZIP CODE	☐ Commercial ☐ Part-Time ☐ Industrial Hours per week _____
DESCRIPTION OF WORK PERFORMED (Include experience in specific work classifications)			

Employer Complete The Following

I hereby certify the applicant was in my employ during the period stated and the applicant's description of experience on this application is accurate.		Subscribed and sworn before me, this _____ day of _____, 20____,
SIGNATURE OF CONTRACTOR OF RECORD	DATE	a Notary Public in and for _____ County, Michigan.
NAME OF CONTRACTOR OF RECORD (No Initials)		Signature of Notary Public _____
LICENSE NUMBER	TELEPHONE NUMBER (Include Area Code)	My Commission expires: _____, 20____.

Certification and Signature (MUST BE SIGNED BY ALL APPLICANTS)

I certify all information in this application is true and complete and I agree and understand any falsification of material facts will result in my forfeiting any rights of consideration for examination and issuance of a mechanical contractor's license in the state of Michigan.

SIGNATURE OF APPLICANT	DATE 3-11-08

Kahtan Boulis License No# 7115855

RECEIVED MAR 13 2008

JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
LANSING

KEITH W. COOLEY
DIRECTOR

March 6, 2008

Kahtan Boulis
2185 Hidden Lake Dr.
West Bloomfield, MI 48324

Dear Mr. Boulis:

The Mechanical Division has received your application for Mechanical Contractor Licensing Examination. Upon review, it has been determined that the following is required before your application can be processed:

Your application was not signed. Rule 902(5) requires that incomplete applications be returned to the applicant. Please sign and return the enclosed application.

Please return the required documentation along with this letter to: Michigan Department of Labor & Economic Growth, Bureau of Construction Codes-Mechanical Division, P.O. Box 30255, Lansing, Michigan 48909. If we do not receive a response within 15 days from the date of this letter, your application for examination will be denied in accordance with Rule 902(5) and (6).

If you have any questions regarding the information in this letter, please contact this office at 517/241-9325, preferably after 10:00 a.m. on weekdays.

Sincerely,

David A. Adams

David A. Adams, Assistant Chief
Mechanical Division

JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
LANSING

KEITH W. COOLEY
DIRECTOR

January 30, 2008

Kahtan Boulis
2185 Hidden Lake Dr
West Bloomfield, MI 48324

Dear Mr. Boulis:

The Mechanical Division has received your application for Mechanical Contractor Licensing Examination. Upon review, it has been determined that the following information is required before you can be scheduled for examination:

Your application does not show documentation of your work experience. Rule 903(1) requires that the applicant have a minimum of three years experience in one or more of the work classifications set forth in the Act. Your application indicates that you do not have three years of experience in 2-hvac and 3-ductwork.

Your application was not signed. Rule 902(5) requires that incomplete applications be returned to the applicant. Please sign and return the enclosed application.

If appropriate, return the required information along with this letter to: Department of Labor & Economic Growth, Bureau of Construction Codes, Mechanical Division, P.O. Box 30254, Lansing, Michigan 48909. If we do not receive a response within 15 days from the date of this letter, your application for examination will be denied in accordance with Rule 902(5) and (6).

If you have any questions regarding the information in this letter, please contact this office at 517/241-9325, preferably after 10:00 a.m. on weekdays.

Sincerely,

David Adams

David Adams, Assistant Chief
Mechanical Division

DAA/tl

Signature

upgrade

Application for Mechanical Contractor License Examination

127

Michigan Department of Labor & Economic Growth
Bureau of Construction Codes / Mechanical Division
P.O. Box 30255, Lansing, MI 48909
517-241-9325
www.michigan.gov/bcc

JAN 3 0 2008

Tran Info:127 13579716-1 01/22/08
CHK#: 1070 Amt: $25.00
ID: TEMPERATURE MASTER INC

Application Fee: $25.00 (nonrefundable)

Authority: 1984 PA 192 Completion: Mandatory Penalty: License will not be issued	The Department of Labor and Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Instructions:

- Complete and sign application. Type or print in ink.
- Application must be received in the Bureau office not less than 20 working days before next scheduled exam.
- P.A. 236 of 1996, as amended, requires an applicant to include his or her social security number. However, a requirement under this section to include a social security number on an application does not apply to an applicant who demonstrates he or she is exempt under law from obtaining a social security number or to an applicant who for religious convictions is exempt under law from disclosure of his or her social security number under these circumstances.
  - This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.
- Enclose a check made payable to the **State of Michigan**.
- Mail completed application and fee to the address above.

CONTRACTOR LICENSE NUMBER - **LICENSE UPGRADE ONLY**
71 - 7115855

Applicant Information

NAME (Last, First, Middle) No Initials Boulis Kahtan Hazim			DATE OF BIRTH	
ADDRESS 2185 Hidden Lake Dr	CITY W. Bloomfield	COUNTY Oakland	STATE MI	ZIP CODE 48324
SOCIAL SECURITY NUMBER			TELEPHONE NUMBER (Include Area Code)	

Work Classifications (Check work classifications for which you are seeking licensure)

☐ **1. Hydronic heating and cooling and process piping.**
(Means the application of equipment and systems which provide air conditioning by the controlled forced circulation of fluids or vapors in pipes.)

☒ **2. HVAC equipment.**
(Means the application of equipment and systems to provide air conditioning for occupants of buildings and structures. HVAC does not include the installation of portable self-contained refrigeration equipment and window type air conditioners of not more than 1 1/2 horsepower.)

☒ **3. Ductwork.**
(Means the air distribution arrangement for supply, return and exhaust in air conditioning systems and in non-air conditioning systems, the materials and methods of which are specified in the Michigan Mechanical Code. Ductwork includes flues, vents and chimneys.)

☐ **4. Refrigeration.**
(Means the use of equipment and systems including refrigeration piping, employing the refrigeration cycle to generate low temperatures for other than air condition equipment and systems. Refrigeration includes such equipment and systems as supermarket refrigeration, industrial refrigeration, the preservation of biological materials and food storage facilities. Refrigeration does not include the installation of portable self-contained units such as refrigerators, dehumidifiers and other similar equipment of not more than 1.5 horsepower or other equipment exempted from the Michigan Mechanical Code.)

☐ **5. Limited heating service.**
(Means the servicing of gas-designed sectional boilers having inputs of not more than 1 million Btu's, utilizing a combustion safeguard designed to shut off the main gas supply 10 or less seconds after pilot flame failure, and all other gas-fired or solid fuel equipment and systems limited to input ratings of less than 400,000 Btu's per unit; or oil-fired equipment and systems designed for the use of number 1 or number 2 fuel oil, having a maximum firing rate of less than five gallons per hours per unit; or electrical furnaces and electric boilers using the same kilowatts that are equivalent to the fossil fuel British thermal units generated.)

☐ **6. Unlimited heating service.**
(Means the servicing of heating equipment and systems without restrictions concerning thermal capacity or grade of fuel oil or type of fuel.)

☐ **7. Limited refrigeration and air conditioning service.**
(Means the servicing of refrigeration equipment and systems and air conditioning equipment and systems employing the refrigeration cycle unlimited capacity utilizing group one refrigerants as listed in the Michigan Mechanical Code.)

☐ **8. Unlimited refrigeration and air conditioning service.**
(Means the servicing of refrigeration equipment and systems and air conditioning equipment and systems employing the refrigeration cycle unlimited as to thermal capacity or type of refrigerant.)

☐ **9. Fire Suppression.**
(Means the integrated combination of a fire alarm system and fire suppression equipment which as a result of predetermined temperature, rate of temperature rise, products of combustion, flame, or human intervention will discharge a fire extinguishing substance over a fire area.)

☐ **10. Specialty License.**
(Means a license to perform work within limits established by the board in one of the work classifications set forth below, for the installation and servicing of:)

- ☐ a. Solar.
- ☐ b. Solid fuel.
- ☐ c. LP tank and pipe.
- ☐ d. Underground tank and pipe.
- ☐ e. Gas piping.
- ☐ f. Gas piping and venting.

Trade School

Have you attended a recognized trade school? ☐ Yes ☐ No

If yes and you are requesting credit, attach a copy of your official transcript and your original diploma or certificate of completion.

Examination Location

Examinations are given at the sites listed below. Refer to the enclosed "Mechanical Contractor Examination Schedule" for examination dates. Please check below the site you wish to be examined at and indicate a preference of examination date. 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.

Preferred Site	Preferred Date
☒ Lansing Area	_____
☐ Escanaba	_____

☒ No Preference - Next Available Examination

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, submit written documentation from an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

Background Information

Have you been convicted a felony or misdemeanor? ☐ Yes ☒ No

If yes, complete the Conviction History section below. Failure to accurately respond to this question will result in you forfeiting any rights of consideration for examination and issuance of a mechanical contractor's license in the state of Michigan.

Conviction History

In accordance with the Former Offenders Act, 1974 PA 381, this is to provide you with an opportunity to explain your affirmative response to the question above which asked if you had been convicted of a felony or misdemeanor.

If you are unsure of exact details, respond to the best of your knowledge. The information requested on this form is required under 1984 PA 192 and will be used to process your application. Attach additional sheet(s) if necessary.

YOUR NAME WHEN CONVICTED

INDICATE CONVICTION(S) FOR WHICH YOU WERE CHARGED

DATE(S) OF CONVICTION(S) AND SENTENCE(S)

NAME AND ADDRESS OF SENTENCING COURT(S)

CHECK **YES** OR **NO** TO THE FOLLOWING

1. Are you a current inmate? ☐ Yes ☒ No
2. Are you currently on probation / parole? ☐ Yes ☒ No
3. If yes, provide the name, address and telephone number of the correctional facility, probation officer or parole officer.

RELEASE DATE FROM CUSTODY, PROBATION OR PAROLE

REHABILITATION PROGRAMS ENROLLED IN OR COMPLETED

Conviction History Certification and Signature (To be signed only if Conviction History section above is completed)

I hereby certify the statements and facts provided are true and accurate to the best of my knowledge. By signing this form, I give my permission to allow the Bureau of Construction Codes to contact appropriate agencies regarding my record of conviction(s).

SIGNATURE	DATE
[illegible]	12-21-07

Experience Record

It is necessary to show a minimum of 3 years experience in one or more of the work classifications. List your present employer first. Describe the type of work performed in detail to enable the reviewer to correctly evaluate your qualifications. Describe the work classifications you have had experience in and the length of time you performed the work. Have each contractor of record certify your dates of employment and have their signatures notarized. Attach extra sheets if necessary.

EMPLOYER NAME			DATES EMPLOYED (Month / Day / Year)	
Heating plus Cooling Ltd.			FROM: 6-2002	TO: 4-07
ADDRESS			TYPE OF WORK PERFORMED	
1701 E. McNichols Rd.			☒ Residential	☒ Full-Time
CITY	STATE	ZIP CODE	☒ Commercial	☐ Part-Time
Detroit	MI	48203	☐ Industrial	Hours per week _____

DESCRIPTION OF WORK PERFORMED (Include experience in specific work classifications)

Employer Complete The Following

I hereby certify the applicant was in my employ during the period stated and the applicant's description of experience on this application is accurate.

SIGNATURE OF CONTRACTOR OF RECORD	DATE

NAME OF CONTRACTOR OF RECORD (No Initials)

LICENSE NUMBER	TELEPHONE NUMBER (Include Area Code)

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____.

Experience Record

It is necessary to show a minimum of 3 years experience in one or more of the work classifications. List your present employer first. Describe the type of work performed in detail to enable the reviewer to correctly evaluate your qualifications. Describe the work classifications you have had experience in and the length of time you performed the work. Have each contractor of record certify your dates of employment and have their signatures notarized. Attach extra sheets if necessary.

EMPLOYER NAME			DATES EMPLOYED (Month / Day / Year)	
			FROM:	TO:
ADDRESS			TYPE OF WORK PERFORMED	
			☐ Residential	☐ Full-Time
CITY	STATE	ZIP CODE	☐ Commercial	☐ Part-Time
			☐ Industrial	Hours per week _____

DESCRIPTION OF WORK PERFORMED (Include experience in specific work classifications)

Employer Complete The Following

I hereby certify the applicant was in my employ during the period stated and the applicant's description of experience on this application is accurate.

SIGNATURE OF CONTRACTOR OF RECORD	DATE

NAME OF CONTRACTOR OF RECORD (No Initials)

LICENSE NUMBER	TELEPHONE NUMBER (Include Area Code)

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____.

JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
LANSING

KEITH W. COOLEY
DIRECTOR

April 21, 2008 M-08-06

TO: Members of the Board of Mechanical Rules

FROM: Tennison B. Barry, Chief, Mechanical Division

SUBJECT: Appeal Request for

APPLICANT REPRESENTATIVE:

James Chaney

PROJECT:

Not applicable.

AUTHORITY:

The Forbes Mechanical Contractors Act of 1984 as Amended, being Act 192 of the Michigan Compiled Laws.

REQUEST:

Requesting an appeal to sit for the Mechanical Contractors Examination.

APPLICABLE RULE:

R 338.903a. Of the Board of Mechanical Rules License Examination Procedures

FINDINGS:

Mr. Chaney appears to have experience in servicing of boilers on the campus of MSU. His documentation indicates he has done CSD-1 safety testing for many years.

RECOMMENDATION:

Staff recommends approval to take Unlimited heating service o

JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
LANSING

KEITH W. COOLEY
DIRECTOR

April 22, 2008

Mr. James Chaney
141 W. Howe Ave.
Lansing, MI 48906

Dear Mr. Chaney:

On May 14, 2008, the Board of Mechanical Rules will consider your appeal to take the Mechanical Contractor Licensing Examination.

If you would like input on this action, you should be present at the Okemos Office Building, 2501 Woodlake Circle, Okemos, Michigan at 9:00 a.m. in Conference Room 3.

The meeting site is accessible, including handicapped parking. Individuals attending the meeting are requested to refrain from using heavily scented personal care products, in order to enhance accessibility for everyone. People with disabilities requiring additional accommodations in order to participate in the meeting should contact the Mechanical Division at 517/241-9325 at least (10) working days before the event.

If I can be of further assistance, you may contact me.

Sincerely,

Tennison B. Barry
CT

Tennison B. Barry, Chief
Mechanical Division

TBB/cct

MICHIGAN STATE
UNIVERSITY

Date: April 11, 2008

To: Mr. Tennison Barry, Chief of Mechanical Division
State of Michigan – Bureau of Construction Codes
Department of Labor & Economic Growth
P.O. Box 30255
Lansing, Michigan 48909

From: Duane W. Colegrove – Supervisor
Mechanical Systems – Metal Services

Subject: Mr. James J. Chaney
141 W. Howe Avenue
Lansing, MI 48906

Mr. Chaney has applied for the Mechanical Contractor Licensing Examination. In the attached response provided by Assistant Chief David Adams, more information is requested. As you know, MSU does not have or seek to have a "contractor of record" for Mechanical or Boiler divisions work. We are asking that Mr. Chaney be allowed to appear in front of the Mechanical Board at the upcoming May 14th, 2008 session for review and acceptance of his application to take the Division 6 – Unlimited Heating examination. All relevant supporting documentation was provided with the original application as we discussed. We further ask for your personal recommendation in support of this application based on our conversations and understanding of the long term safety benefits this will provide to both the State of Michigan, and to MSU, and its' faculty, students, and staff.

Michigan State University supports this application as it will provide for a State Licensed individual to perform the required ASME CSD-1 safety testing on boilers. We also procure these services from State licensed contractors on new installations. Additionally, other individuals working for MSU under the direction of our licensee will be able to apply for and obtain licensing in the future when all licensing requirements are met, and the application approvals are received. This is an important step for MSU and the State of Michigan as it ensures that properly trained and competent individuals perform even the most basic maintenance activities on our boiler equipment assets. MSU has not, and will not apply for boiler installation and repair permits. We rely solely on State Licensed Mechanical Contractors for these services. We are a maintenance organization that values and requires the safe and efficient operation of our building systems. When contractors complete boiler installations in the future per State codes, we will have licensed qualified staff to accept and maintain the equipment after the warranty period, and verify the proper safe operation of our fuel heating systems.

I will be in attendance at the Board meeting with Mr. Chaney. We appreciate your assistance and consideration in this matter.

Best Regards,

Duane W. Colegrove

Duane W. Colegrove – Skilled Trades Supervisor

il; [illegible].edu

PHYSICAL PLANT DIVISION

Maintenance Services

Michigan State University
132 Physical Plant Building
East Lansing, MI
48824-1215

517/353-1760
FAX: 517/355-5205

www.pp.msu.edu

MSU is an affirmative-action, equal-opportunity employer.

MICHIGAN STATE
UNIVERSITY

Date: April 11, 2008

To: State of Michigan – Bureau of Construction Codes
Department of Labor & Economic Growth
P.O. Box 30255 – Mechanical Division
Lansing, Michigan 48909

From: Mr. James J. Chaney
141 W. Howe Avenue
Lansing, MI 48906

Subject: Mechanical Contractors Licensing Examination
Division 6 – Unlimited Heating

MSU does not have a "contractor of record" for Mechanical work. I am requesting a review of my application by the State Mechanical Board at the next meeting scheduled for May 14, 2008. My employment history, State of Michigan 2B Boiler Repairer license, training records, and letters of recommendation were attached to the application with a cover letter from my MSU supervisor. When I am successful in obtaining the Division 6 Unlimited Heating License, I will not become the contractor of record for MSU. MSU procures contracted services for boiler installations and repairs from State licensed contractors that have credentials to meet the criteria and applicable codes for each project. My services are maintenance activities only, and will include the performance of the required ASME CSD-1 safety testing as required for each unit per the code. I have been conducting and/or witnessing these tests under the direction and review of State licensed contractors and inspectors for over twelve (12) years to date.

Please advise me of the location and time of the Board meeting. I am available to review the information provided prior to the meeting at your convenience.

Thank you for your assistance and consideration of the unique conditions of this application. I look forward to your response.

Regards,

James J Chaney

James J. Chaney
Senior Maintenance Mechanic II
Boilers & Fuel Fired Systems

PHYSICAL PLANT DIVISION

Maintenance Services
Michigan State University
132 Physical Plant Building
East Lansing, MI
48824-1215

517/353-1760
FAX: 517/355-5205
www.pp.msu.edu

MSU is an affirmative-action, equal-opportunity employer.

MICHIGAN STATE
UNIVERSITY

Date: March 12, 2008

To: Whom it may concern

From: Duane W. Colegrove – Supervisor
Mechanical Systems – Metal Services

Subject: Mr. James J. Chaney
141 W. Howe Avenue
Lansing, MI 48906

Mr. Chaney is requesting the opportunity to take the State of Michigan Mechanical Contractor Licensing Examination, specifically Work Classification 6 – Unlimited Heating Service. Jim has a State of Michigan 2B Boiler Installer/Repairer license, and has been an employee in the Heating & Mechanical Maintenance group at the MSU Physical Plant since July 16, 1979. During his more than 28 years with us, Jim has performed steam and hot water boiler service, maintenance, repair, water treatment, controls, and safety device testing on boilers up to a 32 MBH firing rate. In addition, Jim provides the same services on natural gas, LP gas, and fuel oil fired furnaces, water heaters, unit heaters, and research related specialty equipment. Jim passed the Michigan Occupational Competency Assessment Center Heating Systems written and hands on examinations on August 3, 1987. Jim is an excellent employee, safety conscious, thorough, and trusted to respond to both utility (fuel/gas) emergencies as well as his routine route assignment that includes over 80 boilers and hundreds of other fuel fired equipment installations and systems.

As Michigan State University does not employee a "contractor of record" for maintenance activities, we are asking that Jim be allowed to take the examination requested on the attached application based on consideration of his employment record, the attached documentation and recommendations, and his personal circumstance. MSU does not apply for permits for boiler installations, as that responsibility is part of our contracting operation with the various licensed mechanical contractors who competitively bid our projects. MSU supports Mr. Chaney's application as it will allow us to directly comply with ASME CSD-1-2006 Control and Safety Device Testing requirements for automatically fired boilers. Jim has been trained to conduct these tests, and has done so under the direction of both licensed mechanical contractors and insurance inspectors for over 12 years.

Please review the attached supporting documentation and recommendations and authorize Mr. Chaney to take the Mechanical Contractor Class 6 licensing exam.

Best Regards,

Duane W. Colegrove

Duane W. Colegrove – Supervisor

517-353-7247 office

colegrov@msu.edu

PHYSICAL PLANT DIVISION

Maintenance Services

Michigan State University
132 Physical Plant Building
East Lansing, MI
48824-1215

517/353-1760
FAX: 517/355-5205

www.pp.msu.edu

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MICHIGAN STATE
UNIVERSITY

Documents included with this cover letter:

1. Application for Mechanical Contractors License Examination (4 pages)
2. Copy of State of Michigan 2B Boiler Examination Results (1 page)
3. MSU Job Classification Description – Maintenance Mechanic II (2 pages)
4. MSU Physical Plant Service Record – James J. Chaney (2 pages)
5. Letter of Recommendation – FM Global, John T. Rzepka (1 page)
6. Letter of Recommendation – Vierson Boiler & Repair Co. (1 page)
7. MOCAC Examination Score Reporting Form (1 page)
8. Hartford Steam Boiler Training Certificate (1 page)
9. FM Global Loss Prevention Report – Commendation (2 pages)
10. Lansing Community College – Academic Report (1 page)
11. UIC E&I Health Contractor/Supervisor Training Certificate (1 page)
12. UK National Asbestos Training Center Certificate (1 page)
13. MDLS Part 85 Energy Control & Lockout Procedures Certificate (1 page)
14. OSHA/MiOSHA Confined Space Entry Certification (1 page)

Twenty one (21) total pages including the cover letter. Document package forwarded as shown below on March 12, 2008.

Mailed w/check to: MDLEG Bureau of Construction Codes
Mechanical Division
P.O. Box 30255
Lansing, MI 48909
(517) 241-9325

Faxed to: Dave Adams at MDLEG Mechanical Division fax 517-241-9308

E-mailed to: Dave Adams at MDLEG Mechanical Division dadams@michigan.gov

cc: Bill Vallance at MDELG Boiler Division vallancew@michigan.gov

cc: Richard Lilly, Supervisor, MSU Physical Plant lillyri@msu.edu

cc: Kenneth Crowell, Manager, MSU Physical Plant kecrowel@pplant.msu.edu

cc: Duke Colegrove, Supervisor, MSU Physical Plant colegrov@msu.edu

PHYSICAL PLANT DIVISION
Maintenance Services
Michigan State University
132 Physical Plant Building
East Lansing, MI
48824-1215
517/353-1760
FAX: 517/355-5205
www.pp.msu.edu

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April 3, 2008

James Chaney
141 W Howe Ave
Lansing, MI 48906

Dear Mr. Chaney:

The Mechanical Division has received your application for Mechanical Contractor Licensing Examination. Upon review, it has been determined that the following information is required before you can be scheduled for examination:

Our records indicate that your application was signed by an individual who is a licensed mechanical contractor. However, it is not clear whether this person is your employer. Duane Colegrove is not the contractor of record for Michigan State University. Please provide the following:

< **A letter on company letterhead with the notarized signature of the contractor of record**
< **for the company.**
< **The title of the company official.**
< **A notarized statement showing the length and type of work that you performed.**
< **A statement indicating who supervised your work during employment with the company.**
< **The supervisor's mechanical license number.**

If appropriate, return the required information along with this letter to: Michigan Department of Labor & Economic Growth, Bureau of Construction Codes, Mechanical Division, P.O. Box 30254, Lansing, Michigan 48909. If we do not receive a response within 15 days from the date of this letter, your application for examination will be denied in accordance with Rule 902(5) and (6).

If you have any questions regarding the information in this letter, please contact this office at 517/241-9325, preferably after 10:00 a.m. on weekdays.

Sincerely,

David A. Adams, Assistant Chief
Mechanical Division

RECEIVED
MAR 2 1 2008

Application for Mechanical Contractor License Examination

Michigan Department of Labor & Economic Growth
Bureau of Construction Codes
Mechanical Division
P.O. Box 30255
Lansing, MI 48909
517-241-9325
www.michigan.gov/bcc

Tran Info: 127 13834220-1 03/21/08
Chk#: 3782 Amt: $25.00
ID: JAMES J CHANEY

Application Fee: $25.00

Authority: 1984 PA 192 Completion: Mandatory Penalty: License will not be issued	The Department of Labor and Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Instructions:

- Complete and sign application. Type or print in ink.
- Application must be received in the Bureau office not less than 20 working days before next scheduled exam.
- P.A. 236 of 1996, as amended, requires an applicant to include his or her social security number. However, a requirement under this section to include a social security number on an application does not apply to an applicant who demonstrates he or she is exempt under law from obtaining a social security number or to an applicant who for religious convictions is exempt under law from disclosure of his or her social security number under these circumstances.
  - This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.
- Enclose a check made payable to the **State of Michigan.**
- Mail completed application and fee to the address above.

Applicant Information

NAME (Last, First, Middle) No Initials			DATE OF BIRTH	
CHANEY, JAMES J.				
ADDRESS	CITY	COUNTY	STATE	ZIP CODE
141 W. HOWE AVE	LANSING	INGHAM	MI	48906
SOCIAL SECURITY NUMBER			TELEPHONE NUMBER (Include Area Code)	

Work Classifications (Check work classifications for which you are seeking licensure)

☐ **1. Hydronic heating and cooling and process piping.**
(Means the application of equipment and systems which provide air conditioning by the controlled forced circulation of fluids or vapors in pipes.)

☐ **2. HVAC equipment.**
(Means the application of equipment and systems to provide air conditioning for occupants of buildings and structures. HVAC does not include the installation of portable self-contained refrigeration equipment and window type air conditioners of not more than 1 1/2 horsepower.)

☐ **3. Ductwork.**
(Means the air distribution arrangement for supply, return and exhaust in air conditioning systems and in non-air conditioning systems, the materials and methods of which are specified in the Michigan Mechanical Code. Ductwork includes flues, vents and chimneys.)

☐ **4. Refrigeration.**
(Means the use of equipment and systems including refrigeration piping, employing the refrigeration cycle to generate low temperatures for other than air condition equipment and systems. Refrigeration includes such equipment and systems as supermarket refrigeration, industrial refrigeration, the preservation of biological materials and food storage facilities. Refrigeration does not include the installation of portable self-contained units such as refrigerators, dehumidifiers and other similar equipment of not more than 1.5 horsepower or other equipment exempted from the Michigan Mechanical Code.)

☐ **5. Limited heating service.**
(Means the servicing of gas-designed sectional boilers having inputs of not more than 1 million Btu's, utilizing a combustion safeguard designed to shut off the main gas supply 10 or less seconds after pilot flame failure, and all other gas-fired or solid fuel equipment and systems limited to input ratings of less than 400,000 Btu's per unit; or oil-fired equipment and systems designed for the use of number 1 or number 2 fuel oil, having a maximum firing rate of less than five gallons per hours per unit; or electrical furnaces and electric boilers using the same kilowatts that are equivalent to the fossil fuel British thermal units generated.)

☒ **6. Unlimited heating service.**
(Means the servicing of heating equipment and systems without restrictions concerning thermal capacity or grade of fuel oil or type of fuel.)

☐ **7. Limited refrigeration and air conditioning service.**
(Means the servicing of refrigeration equipment and systems and air conditioning equipment and systems employing the refrigeration cycle unlimited capacity utilizing group one refrigerants as listed in the Michigan Mechanical Code.)

☐ **8. Unlimited refrigeration and air conditioning service.**
(Means the servicing of refrigeration equipment and systems and air conditioning equipment and systems employing the refrigeration cycle unlimited as to thermal capacity or type of refrigerant.)

☐ **9. Fire Suppression.**
(Means the integrated combination of a fire alarm system and fire suppression equipment which as a result of predetermined temperature, rate of temperature rise, products of combustion, flame, or human intervention will discharge a fire extinguishing substance over a fire area.)

☐ **10. Specialty License.**
(Means a license to perform work within limits established by the board in one of the work classifications set forth below, for the installation and servicing of:)
- ☐ a. Solar.
- ☐ b. Solid fuel.
- ☐ c. LP tank and pipe.
- ☐ d. Underground tank and pipe.
- ☐ e. Gas piping.
- ☐ f. Gas piping and venting.

Trade School

Have you attended a recognized trade school? ☒ Yes ☐ No MSU SKILLED TRADES DEVELOPMENT PROGRAM

If yes and you are requesting credit, attach a copy of your official transcript and your original diploma or certificate of completion. - ATTACHMENT

Examination Location

Examinations are given at the sites listed below. Refer to the enclosed "Mechanical Contractor Examination Schedule" for examination dates. Please check below the site you wish to be examined at and indicate a preference of examination date. If approved for examination, an entrance 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.

Preferred Site	Preferred Date
☒ Lansing Area	
☐ Escanaba	

☒ No Preference - Next Available Examination

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, submit written documentation from an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

Background Information

Have you been convicted a felony or misdemeanor? ☒ No ☐ Yes

If yes, complete the Conviction History section below. Failure to accurately respond to this question will result in you forfeiting any rights of consideration for examination and issuance of a mechanical contractor's license in the State of Michigan.

Conviction History

In accordance with the Former Offenders Act, 1974 PA 381, this is to provide you with an opportunity to explain your affirmative response to the question above which asked if you had been convicted of a felony or misdemeanor.

If you are unsure of exact details, respond to the best of your knowledge. The information requested on this form is required under 1984 PA 192 and will be used to process your application. Attach additional sheet(s) if necessary.

YOUR NAME WHEN CONVICTED

INDICATE CONVICTION(S) FOR WHICH YOU WERE CHARGED

DATE(S) OF CONVICTION(S) AND SENTENCE(S)

NAME AND ADDRESS OF SENTENCING COURT(S)

CHECK **YES** OR **NO** TO THE FOLLOWING

1. Are you a current inmate? ☐ Yes ☑ No
2. Are you currently on probation / parole? ☐ Yes ☑ No
3. If yes, provide the name, address and telephone number of the correctional facility, probation officer, or parole officer.

RELEASE DATE FROM CUSTODY, PROBATION, OR PAROLE

REHABILITATION PROGRAMS ENROLLED IN OR COMPLETED

Conviction History Certification and Signature (To be signed only if Conviction History section above is completed)

I hereby certify the statements and facts provided are true and accurate to the best of my knowledge. By signing this form, I give my permission to all the Bureau of Construction Codes to contact appropriate agencies regarding my record of conviction(s).

SIGNATURE

x James J Chaney 3-12-08

Experience Record

It is necessary to show a minimum of 3 years experience in one or more of the work classifications. List your present employer first. Describe the type of work performed in detail to enable the reviewer to correctly evaluate your qualifications. Describe the work classifications you have had experience in and the length of time you performed the work. Have each contractor of record certify your dates of employment and have their signatures notarized. Attach extra sheets if necessary.

EMPLOYER NAME: MICHIGAN STATE UNIVERSITY - PHYSICAL PLANT	DATES EMPLOYED (Month / Day / Year) FROM: 7-16-1979 TO: PRESENT
ADDRESS: 167 STADIUM ROAD	TYPE OF WORK PERFORMED: ☒ Residential ☒ Full-Time
CITY: EAST LANSING STATE: MI ZIP CODE: 48824	☒ Commercial ☐ Part-Time
	☒ Industrial Hours per week 40-50

DESCRIPTION OF WORK PERFORMED (Include experience in specific work classifications)

STEAM AND HOT WATER BOILER MAINTENANCE, INCLUDING SAFETY DEVICE TESTING, WATER TREATMENT, INSPECTION, REPAIR, AND CONTROL WORK. HYDRONIC AND FUEL FIRED EQUIPMENT MAINTENANCE AND REPAIR ON LP, NATURAL GAS, AND FUEL OIL EQUIPMENT.

Employer Complete The Following

I hereby certify the applicant was in my employ during the period stated and the applicant's description of experience on this application is accurate.

SIGNATURE OF CONTRACTOR OF RECORD: [signature] DATE: 3/12/2008

NAME OF CONTRACTOR OF RECORD (No Initials): MSU PHYSICAL PLANT - MAINTENANCE

LICENSE NUMBER: SEE ATTACHMENTS TELEPHONE NUMBER (Include Area Code):

Subscribed and sworn before me, this 12 day of March, 2008,

a Notary Public in and for Ingham County, Michigan.

Signature of Notary Public [signature]

My Commission expires: 3/25, 2012

IVORY L AIMERY
Notary Public, Michigan
Ingham County
My Commission Expires Mar 25, 2012

Experience Record

It is necessary to show a minimum of 3 years experience in one or more of the work classifications. List your present employer first. Describe the type of work performed in detail to enable the reviewer to correctly evaluate your qualifications. Describe the work classifications you have had experience in and the length of time you performed the work. Have each contractor of record certify your dates of employment and have their signatures notarized. Attach extra sheets if necessary.

EMPLOYER NAME	DATES EMPLOYED (Month / Day / Year) FROM: TO:
ADDRESS	TYPE OF WORK PERFORMED: ☐ Residential ☐ Full-Time
CITY STATE ZIP CODE	☐ Commercial ☐ Part-Time
	☐ Industrial Hours per week _____

DESCRIPTION OF WORK PERFORMED (Include experience in specific work classifications)

Employer Complete The Following

I hereby certify the applicant was in my employ during the period stated and the applicant's description of experience on this application is accurate.

SIGNATURE OF CONTRACTOR OF RECORD: DATE:

NAME OF CONTRACTOR OF RECORD (No Initials):

LICENSE NUMBER: TELEPHONE NUMBER (Include Area Code):

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____.

Experience Record

It is necessary to show a minimum of 3 years experience in one or more of the work classifications. List your present employer first. Describe the type of work performed in detail to enable the reviewer to correctly evaluate your qualifications. Describe the work classifications you have had experience in and the length of time you performed the work. Have each contractor of record certify your dates of employment and have their signatures notarized. Attach extra sheets if necessary.

EMPLOYER NAME			DATES EMPLOYED (Month / Day / Year) FROM: TO:
ADDRESS			TYPE OF WORK PERFORMED ☐ Residential ☐ Full-Time
CITY	STATE	ZIP CODE	☐ Commercial ☐ Part-Time ☐ Industrial Hours per week_____
DESCRIPTION OF WORK PERFORMED (Include experience in specific work classifications)			

Employer Complete The Following

I hereby certify the applicant was in my employ during the period stated and the applicant's description of experience on this application is accurate.		Subscribed and sworn before me, this _____ day of _____, 20____,
SIGNATURE OF CONTRACTOR OF RECORD	DATE	a Notary Public in and for _____ County, Michigan.
NAME OF CONTRACTOR OF RECORD (No Initials)		Signature of Notary Public _____
LICENSE NUMBER	TELEPHONE NUMBER (Include Area Code)	My Commission expires: _____, 20____.

Construction Lien Fund

Before receiving a license under this act a person shall be required to pay the amount required to be paid under the Construction Lien Act, 1980 PA 497, unless the fee has been paid under another license. The $50 construction lien assessment must be paid before the Board of Mechanical Rules can issue a license. ***Do not pay this fee until notified of passage of your examination.***

Certification and Signature (MUST BE SIGNED BY ALL APPLICANTS)

I certify all information in this application is true and complete and I agree and understand any falsification of material facts will result in my forfeiting any rights of consideration for examination and issuance of a mechanical contractor's license in the State of Michigan.

SIGNATURE OF APPLICANT	DATE
x James J Chaney	3-12-08

Mechanic Maintenance II

Abbreviation: MECH MAINT II
Grade: 15
Union: 999
FLSA: N
Code: 4361
Job Group: 9501

JAMES J. CHANEY
MM II SINCE 07/18/1987

CLASSIFICATION: MECHANIC MAINTENANCE II

Basic Function
To maintain, modify, replace, and fabricate a wide variety of mechanical equipment and systems, including the most complex systems.

Characteristic Duties And Responsibilities

- Install, maintain, repair, analyze, and troubleshoot complex malfunctions in stills, heating systems, steam distribution systems, water and sewer systems, and related controls, pumps, fans, compressors, heat exchangers, filters, softeners, incinerators, boilers, and furnaces.
- Develop and fabricate innovative components, methods, and equipment to meet specialized needs.
- Adapt commercially available equipment to meet specialized needs.
- Operate excavating equipment such as backhoe, trenching machine, compactor, portable pumps, and similar equipment.
- Install, inspect, and repair steam and water lines, hand, relief, and pressure-reducing valves, lift, vacuum, and sump pumps, and similar equipment and systems.
- Perform cutting, fastening, and welding using oxy-acetylene torch.
- Maintain and repair low-pressure boilers, furnaces, water heaters, grills, ovens, fryers, and incinerators, including control calibration.
- Perform metal machining, using lathe, milling machine, surface grinder, spray welder, and similar equipment.
- Cover boilers, pipes, tanks, ducts, and refrigeration units with insulation materials.
- Serve as a resource authority to supporting skilled trades.
- Interpret blueprints, diagrams, sketches, job specifications, and operating instructions.
- Prepare records, detailed reports, recommendations, and similar written information for supervisory and management use.

Related Duties
Perform related duties as assigned including, but not necessarily limited to, the following:

- All duties and responsibilities of the Mechanic Maintenance I classification.

Supervision Received
General supervision is received from a designated supervisor.

Minimum Qualifications

- Eight years in the trade including two years of satisfactory experience at MSU as a Mechanic Maintenance I.
- Demonstrated ability to perform work to accepted industry standards.
- Successful completion of a trade competency test.
- Completion of high school education or an equivalent combination of technical training and experience.
- Thorough knowledge of methods, materials, tools, equipment, occupational hazards, and safety precautions of the trade.
- Thorough knowledge of applicable building codes, rules, and regulations.

- Possession of a valid vehicle operator's license.
- Furnish own tools.
- Frequent lifting over 75 pounds.

Additional Requirements
May require valid operator, chauffeur, or commercial driver's license(s) with applicable endorsements and medical certificate in order to comply with State of Michigan requirements.

"This description is intended to indicate the kinds of tasks and levels of work difficulty that will be required of positions that will be given this title and shall not be construed as declaring what the specific duties and responsibilities of any particular position shall be. It is not intended to limit or in any way modify the right of any supervisor to assign, direct, and control the work of employees under his or her supervision. The use of a particular expression or illustration describing duties shall not be held to exclude other duties not mentioned that are of similar kind or level of difficulty."

Date: 7/1992

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(PAGE 1 of 2)

03/12/2008 WED 9:38 FAX 517 355 5205 MSU Physical Plant 001/002

PHYSICAL PLANT SERVICE RECORD: JAMES J CHANEY

SEX: M RACE: AMER INDIAN/ALASKAN BIRTH

DATE	DEPT	SYS	CLASSIFICATION	GRADE	UNION	STAT	%	SALARY/PAY	COMMENTS
07/01/07	MAINT	43	MECH MAINT 2	915	999	REG	100		GENL INCREASE
07/01/06	MAINT	43	MECH MAINT 2	915	999	REG	100		GENL INCREASE
07/01/05	MAINT	43	MECH MAINT 2	915	999	REG	100		GENL INCREASE
07/01/04	MAINT	43	MECH MAINT 2	915	999	REG	100		GENL INCREASE
07/01/03	MAINT	43	MECH MAINT 2	915	999	REG	100		GENL INCREASE
07/01/02	MAINT	43	MECH MAINT 2	915	999	REG	100		GENL INCREASE
07/01/01	MAINT	43	MECH MAINT 2	915	999	REG	100		GENL INCREASE
07/01/00	MAINT	43	MECH MAINT 2	915	999	REG	100		GENL INCREASE
07/01/99	MAINT	43	MECH MAINT 2	915	999	REG	100		GENL INCREASE
07/01/98	MAINT	43	MECH MAINT 2	915	999	REG	100		GENL INCREASE
07/01/97	MAINT	43	MECH MAINT 2	915	999	REG	100		GENL INCREASE
07/01/96	MAINT	43	MECH MAINT 2	915	999	REG	100		GENL INCREASE
03/01/95	MAINT	43	MECH MAINT 2	915	999	REG	100		GENL INCREASE
03/01/94	MAINT	43	MECH MAINT 2	915	999	REG	100		GENL INCREASE
04/01/93	MAINT	43	MECH MAINT 2	915	999	REG	100		GENL INCREASE
07/01/92	MAINT	43	MECH MAINT 2	915	999	REG	100		GENL INCREASE
07/01/91	MAINT	43	MECH MAINT 2	915	999	REG	100		GENL INCREASE
07/01/90	MAINT	43	MECH MAINT 2	915	999	REG	100		GENL INCREASE
07/24/89	MAINT	43	MECH MAINT 2	915	999	REG	100		STEP INCREASE
07/01/89	MAINT	43	MECH MAINT 2	915	999	REG	100		GENL INCREASE
05/16/89	MAINT	43	MECH MAINT 2	915	999	REG	100		SYS # CHANGE
01/23/89	MAINT	24	MECH MAINT 2	915	999	REG	100		STEP INCREASE
07/25/88	MAINT	24	MECH MAINT 2	915	999	REG	100		STEP INCREASE
07/01/88	MAINT	24	MECH MAINT 2	915	999	REG	100		GENL INCREASE
01/25/88	MAINT	24	MECH MAINT 2	915	999	REG	100		STEP INCREASE
07/18/87	MAINT	24	MECH MAINT 2	915	999	REG	100		PROMOTION
07/01/87	MAINT	24	PIPEFITTER 1	908	999	REG	100		GENL INCREASE
07/01/86	MAINT	24	PIPEFITTER 1	908	999	REG	100		GENL INCREASE
02/24/86	MAINT	24	PIPEFITTER 1	908	999	REG	100		CLASS CHANGE
07/01/85	MAINT	24	MECHANIC ELEC 1	908	999	REG	100		GENL INCREASE
07/01/84	MAINT	24	MECHANIC ELEC 1	908	999	REG	100		GENL INCREASE
06/05/84	MAINT	24	MECHANIC ELEC 1	908	999	REG	100		SYS # CHANGE
07/01/83	MAINT	24	MECHANIC ELEC 1	908	999	REG	100		GENL INCREASE
10/01/82	MAINT	24	MECHANIC ELEC 1	908	999	REG	100		GENL INCREASE
07/01/82	MAINT	24	MECHANIC ELEC 1	908	999	REG	100		COLA ROLL-IN
07/01/81	MAINT	24	MECHANIC ELEC 1	908	999	REG	100		GENL INCREASE

PAGE 2 OF 2

PHYSICAL PLANT SERVICE RECORD: JAMES J CHANEY

SEX: M RACE: AMER INDIAN/ALASKAN BIRTH:

DATE	DEPT	SYS	CLASSIFICATION	GRADE	UNION	STAT	%	SALARY/PAY	COMMENTS
04/27/81	MAINT	24	MECHANIC ELEC 1	908	999	REG	100		MERIT INCREASE
10/27/80	MAINT	24	MECHANIC ELEC 1	908	999	REG	100		MERIT INCREASE
07/01/80	MAINT	24	MECHANIC ELEC 1	908	999	REG	100		GENL INCREASE
04/28/80	MAINT	24	MECHANIC ELEC 1	908	999	REG	100		MERIT INCREASE
03/03/80	MAINT	24	MECHANIC ELEC 1	908	999	REG	100		PROMOTION
12/24/79	MAINT	44	HVAC MECH 2		999	REG	100		SYSTEM # CHANGE
10/15/79	MAINT	24	HVAC MECH 2		999	REG	100		MERIT INCREASE
07/16/79	MAINT	24	HVAC MECH 2		999	REG	100		NEW HIRE

03/12/2008 WED 9:39 FAX 517 355 5205 MSU Physical Plant 002/002

Factory Mutual Insurance Company
39555 Orchard Hill Place, Suite 400
Novi, MI 48375
USA
T: (248) 344-0340 F: (248) 596-1004

January 29, 2008

Chief of Mechanical Division
Michigan Department of Labor & Economic Growth
Bureau of Construction Codes / Mechanical Division
P.O. Box 30255
Lansing, MI 48909

RE: Recommendation for Mr. James Channey

Dear Sir:

I am writing on the behalf of Mr. James Chaney, whom I have known for a number of years. I am currently employed by FM Global as a Jurisdictional Inspector in the State of Michigan. As I complete my twentieth year of service with FM Global, I can honestly say that I find the professional level displayed by Mr. Chaney to among the highest that I have had the opportunity to experience.

I have been servicing the Michigan State University campus and surrounding out buildings for the last 8 years and during that time I have had the opportunity to observer Mr. Chaney during inspection of the boilers, and find that he has a great deal of knowledge one needs to perform maintenance and testing of various boiler systems. He is constantly educating himself with the latest requirements from the Boiler and Mechanical divisions, of the Michigan Department of Labor & Economic Growth. His fortitude to maintain his knowledge base, was further demonstrated when he applied to take the Boiler Division 2B Installer license exam, and passed.

Mr. Chaney, if provided the opportunity to take the Mechanical Division examination, for the Mechanical Contractor Endorsement No. 6 (unlimited), I am sure will prove to be an excellent candidate for examination. Mr. Chaney's extensive service time with Michigan State University in the Physical Plant Operations should be given due consideration, as time and experience in the field of servicing and testing of safety devices and controls, for boilers.

Should you have any questions or require further information please do not hesitate to contact me at

Best regards,

John T. Rzepka
Engineering Specialist
FM Global Cleveland Operations

VIERSON Boiler & Repair Co.

3700 PATTERSON AVE., S.E., GRAND RAPIDS, MI., 49512-4097 – USA
TEL: (616) 949-0500 * FAX: (616) 949-7996
EMAIL: info@viersonboiler.com

Visit us at www.viersonboiler.com

March 7, 2008

To Whom It May Concern,

REF: James Chaney – Application for Mechanical Contractor License Examination – Unlimited Heating Service

Vierson Boiler & Repair Co. has worked in conjunction with James Chaney, service person employed by Michigan State University – Lansing, MI – Physical Plant Services. Our working relationship has covered high and low pressure boilers and burner systems. Over a 10 year period, we worked directly with Mr. Chaney in providing support and assistance in the installation of MSU boiler/burner equipment, ongoing service of the equipment and the support of parts and control updates.

Mr. Chaney's expertise and competency has been demonstrated time and again on MSU projects including control verification, fuel supply/connection & venting and combustion air requirements. Vierson has provided Mr. Chaney training in control verification and operation on a wide variety of boiler, incinerators and combustion systems.

We are pleased to support James Chaney's application for a State of Michigan mechanical license examination.

Yours truly,

Neil (Bud) Vierson
President

IOCT

MICHIGAN OCCUPATIONAL COMPETENCY ASSESSMENT CENTER

Score Reporting Form

Name James Chaney Institution Michigan State University

Exam Heating Date of Exam July 18, 1987

WRITTEN EXAMINATION

Mean 63.4

Standard Error 1.3

IOCT- Michigan Minimum Passing Score 62.1

Candidate's Score 69.6

PERFORMANCE EXAMINATION

Mean 75.2

Standard Error 2.5

IOCT- Michigan Minimum Passing Score 72.7

Candidate's Score 80.1

Comments:

The candidate scored above the Michigan minimum passing score level on both the written and performance portion of the examination.

August 3, 1987

Date

Allan P. Chenkin

Director

THE
HARTFORD
STEAM
BOILER
INSPECTION
AND
INSURANCE
COMPANY

Certificate of Achievement

PRESENTED TO

JIM CHENEY

FOR SUCCESSFUL COMPLETION OF

BOILER OPERATION AND MAINTENANCE

OCTOBER 17, 1991
DATE

J. E. Stevens
VICE PRESIDENT

Loss Prevention Report

FM Global

MICHIGAN STATE UNIVERSITY
372 Administrative Bldg
East Lansing, Michigan 48823

This Report is Transmitted by
Craig Powers, Account Engineer
of FM Global

ROUTE 1 - JAMES CHANDY - MSU BOILER/FURNACE PANEL

CONFERENCE WITH

Mr. John Phillipich, Physical Plant Supervisor
Mr. Rex Ellsworth, Physical Plant PIA
On July 30, 1999

REPORT BY	INDEX	ACCOUNT
J. T. Rzepka	57625.88	1–20194

PURPOSE

This university power plant was visited to conduct a boiler and machinery jurisdictional certificate inspection of various boilers, throughout campus.

SUMMARY

There were 30 boilers visually inspected in all accessible areas for adverse conditions. The safety valves were checked for proper set pressures and relieving capacities. All boiler safety devices were checked for proper operation and functioned properly. Conditions were satisfactory for continued operation.

Additionally, hydrostatic pressure tests were completed on Firetube Boilers, Michigan Nos. M-097797-M and M-063508-M, and on Cast Iron Boilers, Michigan Nos. M-102075-M, M-209614-M, and M-214484-M.

As a result of this inspection, there are two recommendations being made which when completed will greatly improve the physical condition and reliability of the equipment.

Prepared by Factory Mutual Insurance Company

This report is intended to assist you in reducing the possibility of loss to property insured by Factory Mutual Insurance Company by bringing to your attention hazards and lack of protection. It is not intended to imply that all hazards and conditions are under control at the time of inspection. The liability of Factory Mutual Insurance Company is limited to that contained in its insurance policies. No liability is assumed by reason of the report or the inspection upon which it is based as it is only advisory in nature and the final decisions must be made by you.

IMPORTANT CHANGES

There were 30 boilers visually inspected in all accessible areas for adverse conditions. The insured is commended on the condition the boilers are maintained, given the large number of boilers.

There were hydrostatic pressure tests were completed on Firetube Boilers, Michigan Nos. M-097797-M and M-063508-M, and on Cast Iron Boilers, Michigan Nos. M-102075-M, M-209614-M, and M-214484-M. All attachments were exposed and available for inspection. No adverse conditions were noted during any of the hydrostatic pressure test inspections.

The University of Illinois at Chicago
School of Public Health

MIDWEST ENVIRONMENTAL AND INDUSTRIAL HEALTH TRAINING CENTER

Certifies that

Jim Chaney

Has Attended a Refresher Course for

CONTRACTOR/SUPERVISOR

Course Date: August 18, 1992
at Michigan State University, Physical Plant

Date of Issuance NA
Date of Expiration NA

Audrey K. Gordon
Director
Outreach and Continuing Education

Jack C. Brady MD
Dean
School of Public Health

UNIVERSITY OF ILLINOIS
LEARNING & LABOR
1867

MICHIGAN STATE UNIVERSITY
SCHOOL OF LABOR AND INDUSTRIAL RELATIONS
EAST LANSING, MICHIGAN 48824

This certifies that

JIM CHANEY

has completed the following course:

ENERGY CONTROL AND LOCKOUT PROCEDURES
2 HOUR REFRESHER

This course is designed to meet retraining requirements as established in Michigan Deaprtment of Labor Safety Standards, Part 85, The Control of Hazardous Energy Sources.

Michigan State University	March 1, 1995 Course Dates	Employer Representative

MICHIGAN STATE UNIVERSITY
SCHOOL OF LABOR AND INDUSTRIAL RELATIONS
EAST LANSING, MICHIGAN 48824

This certifies that

JIM CHANEY

has successfully completed the following course:

15 - HOUR CONFINED SPACE ENTRY

This course fulfills requirements under the OSHA standard and MiOSHA Rules for Confined Space Entry, and is designed for Entrants, Attendants, and Lead Workers.

Instructors

Instructors

Employer Representative

February 23 & 24, 1994
Course Dates

MS022394CSE10
Student Number

JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
LANSING

KEITH W. COOLEY
DIRECTOR

April 21, 2008 M-08-07

TO: Members of the Board of Mechanical Rules

FROM: Tennison B. Barry, Chief, Mechanical Division

SUBJECT: Appeal Request for

APPLICANT REPRESENTATIVE:

Craig Steven Empey

PROJECT:

Not applicable.

AUTHORITY:

The Forbes Mechanical Contractors Act of 1984 as Amended, being Act 192 of the Michigan Compiled Laws.

REQUEST:

Requesting an appeal to sit for the Mechanical Contractors Examination.

APPLICABLE RULE:

R 338.903a. Of the Board of Mechanical Rules License Examination Procedures

FINDINGS:

Mr. Empey does not appear to have experience as required by Act 192.

RECOMMENDATION:

Staff recommends denial.

JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
LANSING

KEITH W. COOLEY
DIRECTOR

April 22, 2008

Mr. Craig Empey
53797 Buckingham Ln.
Shelby Twp., MI 48316

Dear Mr. Empey:

On May 14, 2008, the Board of Mechanical Rules will consider your appeal to take the Mechanical Contractor Licensing Examination to upgrade your Mechanical Contractor License.

If you would like input on this action, you should be present at the Okemos Office Building, 2501 Woodlake Circle, Okemos, Michigan at 9:00 a.m. in Conference Room 3.

The meeting site is accessible, including handicapped parking. Individuals attending the meeting are requested to refrain from using heavily scented personal care products, in order to enhance accessibility for everyone. People with disabilities requiring additional accommodations in order to participate in the meeting should contact the Mechanical Division at 517/241-9325 at least (10) working days before the event.

If I can be of further assistance, you may contact me.

Sincerely,

Tennison B. Barry
cct

Tennison B. Barry, Chief
Mechanical Division

TBB/cct

3-31-08

Dear Mechanical Board,

I would like to appear in front of the next scheduled Review Board Meeting set for 5-14-08 at 9:00 A.M. I would like to present my work experience/competence for more work classifications to be added to my existing license.

RECEIVED
APR 01 2008
By

C 4/1/08 mcg

Thank You,

Craig S. Empey

Empey

JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
LANSING

KEITH W. COOLEY
DIRECTOR

April 2, 2008

Craig S. Empey
53797 Buckingham Lane
Shelby Twp., MI 48316

Dear Mr. Empey:

The Mechanical Division has received your application for Mechanical Contractor Licensing Examination. Upon review, it has been determined that the following is required before your application can be processed:

> **Your application does not show documentation of your work experience. Rule 903(1) requires that the applicant have a minimum of three years experience in one or more of the work classifications set forth in the Act. Your application indicates that you do not have three years of experience in #1, Hydronic heating and cooling and process piping, #4, Refrigeration, #6, Unlimited heating service, #7, Limited refrigeration and air conditioning service and #8, Unlimited refrigeration and air conditioning service.**

Please return the required documentation along with this letter to: Michigan Department of Labor & Economic Growth, Bureau of Construction Codes-Mechanical Division, P.O. Box 30255, Lansing, Michigan 48909. If we do not receive a response within 15 days from the date of this letter, your application for examination will be denied in accordance with Rule 902(5) and (6).

If you have any questions regarding the information in this letter, please contact this office at 517/241-9325, preferably after 10:00 a.m. on weekdays.

Sincerely,

David A. Adams

David A. Adams, Assistant Chief
Mechanical Division

Craig Emery

Experience Record

It is necessary to show a minimum of 3 years experience in one or more of the work classifications. List your present employer first. Describe the type of work performed in detail to enable the reviewer to correctly evaluate your qualifications. Describe the work classifications you have had experience in and the length of time you performed the work. Have each contractor of record certify your dates of employment and have their signature notarized. Attach extra sheets if necessary.

EMPLOYER NAME			DATES EMPLOYED (Month / Day / Year)
EMPIRE HEATING & COOLING, INC.			FROM: APRIL 1, 1985 TO: SEPTEMBER 30, 1986
ADDRESS			TYPE OF WORK PERFORMED
1119 E. 10 MILE ROAD			☒ Residential ☒ Full-Time
CITY	STATE	ZIP CODE	☒ Commercial ☐ Part-Time
MADISON HEIGHTS	MI	48071	☐ Industrial ☐ Hours per week _____

DESCRIPTION OF WORK PERFORMED (INCLUDE EXPERIENCE IN SPECIFIC WORK CLASSIFICATIONS)

EMPLOYER COMPLETE THE FOLLOWING

I hereby certify that the applicant was in my employ during the period stated and the applicant's description of experience on this application is accurate.

SIGNATURE OF CONTRACTOR OF RECORD: [signature] DATE: 11-29-2007

NAME OF CONTRACTOR OF RECORD (No Initials): ALEX A. MARCHWINSKI

LICENSE NUMBER: 7109251 TELEPHONE NUMBER:

Subscribed and sworn before me, this 29TH day of NOVEMBER, 2007, a Notary Public in and for OAKLAND County, Michigan.

Cynthia A. Moore
(Signature of Notary Public)

My Commission expires: 11-18, 2011.

Construction Lien Fund 89-2010 2,3,4,5

Before receiving a license under this act a person shall be required to pay the amount required to be paid under the Construction Lien Act, 1980 PA 497, unless the fee has been paid under another license. The $50 construction lien assessment must be paid before the Board of Mechanical Rules can issue a license. ***Do not pay this fee until notified of passage of your examination.***

Certification/Signature

I certify that all information in this application is true and complete and I agree and understand that any falsification of material facts will result in my forfeiting any rights of consideration for examination and issuance or a mechanical contractor's license in the State of Michigan.

SIGNATURE OF APPLICANT: Craig E. Emery DATE: 11-30-07

RECEIVED DEC 04 2007 By _____

EMPIRE
HEATING & COOLING, INC.
1119 E. TEN MILE • MADISON HEIGHTS, MI 48071 • (248) 399-9245 • FAX (248) 399-0648

OK

November 29, 2007

To Whom It May Concern:

Craig Empey was employed with Empire Heating & Cooling, Inc. from April 1, 1985 to September 30, 1986. His duties included servicing and installing residential split-systems, furnaces, air conditioners, ductwork, gas piping, chimney liners, humidifiers, exhaust and venting of exhaust.

Commercial work included combination heating and cooling rooftop units up to 20-tons, servicing make-up air units, servicing commercial refrigeration equipment including walk-in and reach-in coolers and freezers and ice machines. Fabricated and installed ductwork, gas piping, and ventilation equipment. Installed and serviced pneumatic and electronic controls for h.v.a.c systems.

Sincerely,

OK

Alex A. Marchwinski
Vice President

89-10
2, 3, 4, 5

AM/cn

upgrade

RECEIVED

OCT 26 2007

Application for Mechanical Contractor License Examination

127

Michigan Department of Labor & Economic Growth
Bureau of Construction Codes / Mechanical Division
P.O. Box 30255, Lansing, MI 48909
517-241-9325
www.michigan.gov/bcc

Tran Info:127 13339393-1 10/25/07
Chk#: 1418 Amt: $25.00
ID: CRAIG EMPEY

Application Fee: $25.00 (nonrefundable)

Authority: 1984 PA 192 Completion: Mandatory Penalty: License will not be issued	The Department of Labor and Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Instructions:

- Complete and sign application. Type or print in ink.
- Application must be received in the Bureau office not less than 20 working days before next scheduled exam.
- P.A. 236 of 1996, as amended, requires an applicant to include his or her social security number. However, a requirement under this section to include a social security number on an application does not apply to an applicant who demonstrates he or she is exempt under law from obtaining a social security number or to an applicant who for religious convictions is exempt under law from disclosure of his or her social security number under these circumstances.
  - This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.
- Enclose a check made payable to the **State of Michigan.**
- Mail completed application and fee to the address above.

CONTRACTOR LICENSE NUMBER - LICENSE UPGRADE ONLY: 71 -

Applicant Information

NAME (Last, First, Middle) No Initials			DATE OF BIRTH
Empey Craig Steven			
ADDRESS	CITY	COUNTY	STATE
53797 Buckingham LN.	Shelby Twp.	Macomb	MI 48316
SOCIAL SECURITY NUMBER			TELEPHONE NUMBER (Include Area Code)

Work Classifications (Check work classifications for which you are seeking licensure)

☒ **1. Hydronic heating and cooling and process piping.**
(Means the application of equipment and systems which provide air conditioning by the controlled forced circulation of fluids or vapors in pipes.)

☒ ok **2. HVAC equipment.**
(Means the application of equipment and systems to provide air conditioning for occupants of buildings and structures. HVAC does not include the installation of portable self-contained refrigeration equipment and window type air conditioners of not more than 1 1/2 horsepower.)

☒ ok **3. Ductwork.**
(Means the air distribution arrangement for supply, return and exhaust in air conditioning systems and in non-air conditioning systems, the materials and methods of which are specified in the Michigan Mechanical Code. Ductwork includes flues, vents and chimneys.)

☒ **4. Refrigeration.**
(Means the use of equipment and systems including refrigeration piping, employing the refrigeration cycle to generate low temperatures for other than air condition equipment and systems. Refrigeration includes such equipment and systems as supermarket refrigeration, industrial refrigeration, the preservation of biological materials and food storage facilities. Refrigeration does not include the installation of portable self-contained units such as refrigerators, dehumidifiers and other similar equipment of not more than 1.5 horsepower or other equipment exempted from the Michigan Mechanical Code.)

☒ ok **5. Limited heating service.**
(Means the servicing of gas-designed sectional boilers having inputs of not more than 1 million Btu's, utilizing a combustion safeguard designed to shut off the main gas supply 10 or less seconds after pilot flame failure, and all other gas-fired or solid fuel equipment and systems limited to input ratings of less than 400,000 Btu's per unit; or oil-fired equipment and systems designed for the use of number 1 or number 2 fuel oil, having a maximum firing rate of less than five gallons per hours per unit; or electrical furnaces and electric boilers using the same kilowatts that are equivalent to the fossil fuel British thermal units generated.)

☒ **6. Unlimited heating service.**
(Means the servicing of heating equipment and systems without restrictions concerning thermal capacity or grade of fuel oil or type of fuel.)

☒ **7. Limited refrigeration and air conditioning service.**
(Means the servicing of refrigeration equipment and systems and air conditioning equipment and systems employing the refrigeration cycle unlimited capacity utilizing group one refrigerants as listed in the Michigan Mechanical Code.)

☒ **8. Unlimited refrigeration and air conditioning service.**
(Means the servicing of refrigeration equipment and systems and air conditioning equipment and systems employing the refrigeration cycle unlimited as to thermal capacity or type of refrigerant.)

☐ **9. Fire Suppression.**
(Means the integrated combination of a fire alarm system and fire suppression equipment which as a result of predetermined temperature, rate of temperature rise, products of combustion, flame, or human intervention will discharge a fire extinguishing substance over a fire area.)

☒ ok **10. Specialty License.**
(Means a license to perform work within limits established by the board in one of the work classifications set forth below, for the Installation and servicing of:)

- ☒ a. Solar.
- ☒ b. Solid fuel.
- ☒ c. LP tank and pipe.
- ☒ d. Underground tank and pipe.
- ☒ e. Gas piping.
- ☒ f. Gas piping and venting.

Law 2

5

Tested 3/11/08

Trade School

Have you attended a recognized trade school? ☒ Yes ☐ No

If yes and you are requesting credit, attach a copy of your official transcript and your original diploma or certificate of completion.

Examination Location

Examinations are given at the sites listed below. Refer to the enclosed "Mechanical Contractor Examination Schedule" for examination dates. Please check below the site you wish to be examined at and indicate a preference of examination date. 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.

Preferred Site	Preferred Date
☒ Lansing Area	December 4, 2007
☐ Escanaba	

☐ No Preference - Next Available Examination

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, submit written documentation from an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

Background Information

Have you been convicted a felony or misdemeanor? ☐ Yes ☒ No

If yes, complete the Conviction History section below. Failure to accurately respond to this question will result in you forfeiting any rights of consideration for examination and issuance of a mechanical contractor's license in the state of Michigan.

Conviction History

In accordance with the Former Offenders Act, 1974 PA 381, this is to provide you with an opportunity to explain your affirmative response to the question above which asked if you had been convicted of a felony or misdemeanor.

If you are unsure of exact details, respond to the best of your knowledge. The information requested on this form is required under 1984 PA 192 and will be used to process your application. Attach additional sheet(s) if necessary.

YOUR NAME WHEN CONVICTED

INDICATE CONVICTION(S) FOR WHICH YOU WERE CHARGED

DATE(S) OF CONVICTION(S) AND SENTENCE(S)

NAME AND ADDRESS OF SENTENCING COURT(S)

CHECK YES OR NO TO THE FOLLOWING

1. Are you a current inmate? ☐ Yes ☒ No
2. Are you currently on probation / parole? ☐ Yes ☒ No
3. If yes, provide the name, address and telephone number of the correctional facility, probation officer or parole officer.

RELEASE DATE FROM CUSTODY, PROBATION OR PAROLE

REHABILITATION PROGRAMS ENROLLED IN OR COMPLETED

Conviction History Certification and Signature (To be signed only if Conviction History section above is completed)

I hereby certify the statements and facts provided are true and accurate to the best of my knowledge. By signing this form, I give my permission to allow the Bureau of Construction Codes to contact appropriate agencies regarding my record of conviction(s).

SIGNATURE	DATE
Craig S. Copley	10-23-2007

Experience Record

It is necessary to show a minimum of 3 years experience in one or more of the work classifications. List your present employer first. Describe the type of work performed in detail to enable the reviewer to correctly evaluate your qualifications. Describe the work classifications you have had experience in and the length of time you performed the work. Have each contractor of record certify your dates of employment and have their signatures notarized. Attach extra sheets if necessary.

EMPLOYER NAME: Hutchison Mechanical

DATES EMPLOYED (Month / Day / Year) FROM: 6-30-87 TO: 8-18-87

ADDRESS: 41339 Milano

TYPE OF WORK PERFORMED: ☒ Residential ☐ Commercial ☐ Industrial

☒ Full-Time ☐ Part-Time

Hours per week 40+

CITY: Macomb STATE: MI ZIP CODE: 48042

DESCRIPTION OF WORK PERFORMED (Include experience in specific work classifications): See Letter

Employer Complete The Following

I hereby certify the applicant was in my employ during the period stated and the applicant's description of experience on this application is accurate.

SIGNATURE OF CONTRACTOR OF RECORD: DATE:

NAME OF CONTRACTOR OF RECORD (No Initials):

LICENSE NUMBER: TELEPHONE NUMBER (Include Area Code): CE

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____.

Experience Record

It is necessary to show a minimum of 3 years experience in one or more of the work classifications. List your present employer first. Describe the type of work performed in detail to enable the reviewer to correctly evaluate your qualifications. Describe the work classifications you have had experience in and the length of time you performed the work. Have each contractor of record certify your dates of employment and have their signatures notarized. Attach extra sheets if necessary.

EMPLOYER NAME: EMPIRE HEATING & COOLING, INC.

DATES EMPLOYED (Month / Day / Year) FROM: APRIL 1985 TO: SEPTEMBER 1986

ADDRESS: 1119 E. 10 MILE ROAD

TYPE OF WORK PERFORMED: ☐ Residential ☐ Commercial ☐ Industrial

☒ Full-Time ☐ Part-Time

Hours per week _____

CITY: MADISON HEIGHTS STATE: MI ZIP CODE: 48071

DESCRIPTION OF WORK PERFORMED (Include experience in specific work classifications): SEE LETTER

Employer Complete The Following

I hereby certify the applicant was in my employ during the period stated and the applicant's description of experience on this application is accurate.

SIGNATURE OF CONTRACTOR OF RECORD: [signature] DATE: 10-9-2007

NAME OF CONTRACTOR OF RECORD (No Initials): GEORGE CARLU

LICENSE NUMBER: 7109332 TELEPHONE NUMBER (Include Area Code):

Subscribed and sworn before me, this 9TH day of OCTOBER, 2007,

a Notary Public in and for OAKLAND County, Michigan.

Signature of Notary Public [signature]

My Commission expires: 11-18, 2011.

89-10

247

Experience Record

It is necessary to show a minimum of 3 years experience in one or more of the work classifications. List your present employer first. Describe the type of work performed in detail to enable the reviewer to correctly evaluate your qualifications. Describe the work classifications you have had experience in and the length of time you performed the work. Have each contractor of record certify your dates of employment and have their signatures notarized. Attach extra sheets if necessary.

EMPLOYER NAME: Commercial Air Systems

DATES EMPLOYED (Month / Day / Year) FROM: 6-4-91 TO: 10-8-91

ADDRESS: 24326 Sherwood

CITY: Centerline STATE: MI ZIP CODE: 48015

TYPE OF WORK PERFORMED
- ☐ Residential
- ☒ Commercial
- ☐ Industrial

- ☒ Full-Time
- ☐ Part-Time

Hours per week 40+

DESCRIPTION OF WORK PERFORMED (Include experience in specific work classifications): See letter

Employer Complete The Following

I hereby certify the applicant was in my employ during the period stated and the applicant's description of experience on this application is accurate.

SIGNATURE OF CONTRACTOR OF RECORD: DATE:

NAME OF CONTRACTOR OF RECORD (No Initials):

LICENSE NUMBER: TELEPHONE NUMBER (Include Area Code): (586) 756-9411

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___.

Experience Record

It is necessary to show a minimum of 3 years experience in one or more of the work classifications. List your present employer first. Describe the type of work performed in detail to enable the reviewer to correctly evaluate your qualifications. Describe the work classifications you have had experience in and the length of time you performed the work. Have each contractor of record certify your dates of employment and have their signatures notarized. Attach extra sheets if necessary.

EMPLOYER NAME: Ogden Industrial Services

DATES EMPLOYED (Month / Day / Year) FROM: 2-3-92 TO: 6-5-92

ADDRESS: 800 Chrysler Drive

CITY: Auburn Hills STATE: MI ZIP CODE: 48326

TYPE OF WORK PERFORMED
- ☐ Residential
- ☒ Commercial
- ☒ Industrial

- ☒ Full-Time
- ☐ Part-Time

Hours per week 40+

DESCRIPTION OF WORK PERFORMED (Include experience in specific work classifications): See letter - see page 4

Employer Complete The Following

I hereby certify the applicant was in my employ during the period stated and the applicant's description of experience on this application is accurate.

SIGNATURE OF CONTRACTOR OF RECORD: DATE:

NAME OF CONTRACTOR OF RECORD (No Initials):

LICENSE NUMBER: TELEPHONE NUMBER (Include Area Code):

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___.

Experience Record

It is necessary to show a minimum of 3 years experience in one or more of the work classifications. List your present employer first. Describe the type of work performed in detail to enable the reviewer to correctly evaluate your qualifications. Describe the work classifications you have had experience in and the length of time you performed the work. Have each contractor of record certify your dates of employment and have their signatures notarized. Attach extra sheets if necessary.

EMPLOYER NAME			DATES EMPLOYED (Month / Day / Year) FROM: TO:
ADDRESS			TYPE OF WORK PERFORMED ☐ Residential ☐ Full-Time
CITY	STATE	ZIP CODE	☐ Commercial ☐ Part-Time ☐ Industrial Hours per week _____

DESCRIPTION OF WORK PERFORMED (Include experience in specific work classifications)

_____

_____

_____

Employer Complete The Following

I hereby certify the applicant was in my employ during the period stated and the applicant's description of experience on this application is accurate.

SIGNATURE OF CONTRACTOR OF RECORD	DATE
NAME OF CONTRACTOR OF RECORD (No Initials)	
LICENSE NUMBER	TELEPHONE NUMBER (Include Area Code)

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____.

Certification and Signature (MUST BE SIGNED BY ALL APPLICANTS)

I certify all information in this application is true and complete and I agree and understand any falsification of material facts will result in my forfeiting any rights of consideration for examination and issuance of a mechanical contractor's license in the state of Michigan.

SIGNATURE OF APPLICANT	DATE

Experience Record

It is necessary to show a minimum of 3 years experience in one or more of the work classifications. List your present employer first. Describe the type of work performed in detail to enable the reviewer to correctly evaluate your qualifications. Describe the work classifications you have had experience in and the length of time you performed the work. Have each contractor of record certify your dates of employment and have their signatures notarized. Attach extra sheets if necessary.

EMPLOYER NAME: Commercial Air Systems

DATES EMPLOYED (Month / Day / Year) FROM: 6-4-91 TO: 10-8-91

ADDRESS: 24326 Sherwood

TYPE OF WORK PERFORMED
- ☐ Residential
- ☒ Commercial
- ☐ Industrial

- ☒ Full-Time
- ☐ Part-Time

Hours per week 40+

CITY: Centerline | STATE: MI | ZIP CODE: 48015

DESCRIPTION OF WORK PERFORMED (Include experience in specific work classifications)

See letter

Employer Complete The Following

I hereby certify the applicant was in my employ during the period stated and the applicant's description of experience on this application is accurate.

SIGNATURE OF CONTRACTOR OF RECORD | DATE

NAME OF CONTRACTOR OF RECORD (No Initials)

LICENSE NUMBER | TELEPHONE NUMBER (Include Area Code): (586) 756-4411

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___.

Experience Record

It is necessary to show a minimum of 3 years experience in one or more of the work classifications. List your present employer first. Describe the type of work performed in detail to enable the reviewer to correctly evaluate your qualifications. Describe the work classifications you have had experience in and the length of time you performed the work. Have each contractor of record certify your dates of employment and have their signatures notarized. Attach extra sheets if necessary.

EMPLOYER NAME: Ogden Industrial Services

DATES EMPLOYED (Month / Day / Year) FROM: 2-3-92 TO: 6-5-92

ADDRESS: 800 Chrysler Drive

TYPE OF WORK PERFORMED
- ☐ Residential
- ☒ Commercial
- ☒ Industrial

- ☒ Full-Time
- ☐ Part-Time

Hours per week 40+

CITY: Auburn Hills | STATE: MI | ZIP CODE: 48326

DESCRIPTION OF WORK PERFORMED (Include experience in specific work classifications)

See letter – see page 4

Employer Complete The Following

I hereby certify the applicant was in my employ during the period stated and the applicant's description of experience on this application is accurate.

SIGNATURE OF CONTRACTOR OF RECORD | DATE

NAME OF CONTRACTOR OF RECORD (No Initials)

LICENSE NUMBER | TELEPHONE NUMBER (Include Area Code)

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___.

Experience Record

It is necessary to show a minimum of 3 years experience in one or more of the work classifications. List your present employer first. Describe the type of work performed in detail to enable the reviewer to correctly evaluate your qualifications. Describe the work classifications you have had experience in and the length of time you performed the work. Have each contractor of record certify your dates of employment and have their signatures notarized. Attach extra sheets if necessary.

EMPLOYER NAME: Daimler Chrysler NO

DATES EMPLOYED (Month / Day / Year) FROM: 6-8-92 TO: Present

ADDRESS: 800 Chrysler Drive

TYPE OF WORK PERFORMED: ☐ Residential ☒ Commercial ☒ Industrial ☒ Full-Time ☐ Part-Time

CITY: Auburn Hills STATE: MI ZIP CODE: 48326

Hours per week 40-70

DESCRIPTION OF WORK PERFORMED (Include experience in specific work classifications): See letter

Employer Complete The Following

I hereby certify the applicant was in my employ during the period stated and the applicant's description of experience on this application is accurate.

SIGNATURE OF CONTRACTOR OF RECORD: [signature] DATE: Oct 23, 2007

NAME OF CONTRACTOR OF RECORD (No Initials): JAMES EDWARD OPRIA OK

LICENSE NUMBER: 7104867 TELEPHONE NUMBER (Include Area Code):

Subscribed and sworn before me, this 23 day of October, 2007, a Notary Public in and for Macomb County, Michigan.

Signature of Notary Public: Patricia Ann Nachimowicz

My Commission expires: January 2, 2008

ACTING IN OAKLAND COUNTY

Experience Record

85-10 1.2.3.4.5.8

It is necessary to show a minimum of 3 years experience in one or more of the work classifications. List your present employer first. Describe the type of work performed in detail to enable the reviewer to correctly evaluate your qualifications. Describe the work classifications you have had experience in and the length of time you performed the work. Have each contractor of record certify your dates of employment and have their signatures notarized. Attach extra sheets if necessary.

EMPLOYER NAME: Kelley & Sons Heating & Cooling, Inc.

DATES EMPLOYED (Month / Day / Year) FROM: 10/ /1985 0-3 TO: 2/ /1986

ADDRESS: P O Box 230249

TYPE OF WORK PERFORMED: ☒ Residential ☐ Commercial ☐ Industrial ☒ Full-Time ☐ Part-Time

CITY: Fair Haven STATE: MI ZIP CODE: 48023

Hours per week

DESCRIPTION OF WORK PERFORMED (Include experience in specific work classifications): residential gas piping, residential duct work installation, assisting with the installation of residential air conditioning units.

Employer Complete The Following

I hereby certify the applicant was in my employ during the period stated and the applicant's description of experience on this application is accurate.

SIGNATURE OF CONTRACTOR OF RECORD: DATE:

NAME OF CONTRACTOR OF RECORD (No Initials): George Thomas Kelley, deceased

LICENSE NUMBER: 71-02443 TELEPHONE NUMBER (Include Area Code):

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__

George Andrew Kelley, son of George Thomas Kelley & current owner of Kelley & Sons Heating & Cooling, Inc. (License # 7110576)

Experience Record

It is necessary to show a minimum of 3 years experience in one or more of the work classifications. List your present employer first. Describe the type of work performed in detail to enable the reviewer to correctly evaluate your qualifications. Describe the work classifications you have had experience in and the length of time you performed the work. Have each contractor of record certify your dates of employment and have their signatures notarized. Attach extra sheets if necessary.

EMPLOYER NAME: A.C.E. Htg. & CLG. Unlimited

DATES EMPLOYED (Month / Day / Year) FROM: 10-02-86 TO: 6-13-87

ADDRESS: 6162 Pinecroft Drive

TYPE OF WORK PERFORMED
- [x] Residential
- [ ] Commercial
- [ ] Industrial

- [x] Full-Time
- [ ] Part-Time

Hours per week 40+

CITY: West Bloomfield | STATE: MI | ZIP CODE: 48322

DESCRIPTION OF WORK PERFORMED (Include experience in specific work classifications)

See Letter

Employer Complete The Following

I hereby certify the applicant was in my employ during the period stated and the applicant's description of experience on this application is accurate.

SIGNATURE OF CONTRACTOR OF RECORD | DATE

NAME OF CONTRACTOR OF RECORD (No Initials)

LICENSE NUMBER | TELEPHONE NUMBER (Include Area Code)

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____.

Experience Record

It is necessary to show a minimum of 3 years experience in one or more of the work classifications. List your present employer first. Describe the type of work performed in detail to enable the reviewer to correctly evaluate your qualifications. Describe the work classifications you have had experience in and the length of time you performed the work. Have each contractor of record certify your dates of employment and have their signatures notarized. Attach extra sheets if necessary.

EMPLOYER NAME

DATES EMPLOYED (Month / Day / Year) FROM: TO:

ADDRESS

TYPE OF WORK PERFORMED
- [ ] Residential
- [ ] Commercial
- [ ] Industrial

- [ ] Full-Time
- [ ] Part-Time

Hours per week _____

CITY | STATE | ZIP CODE

DESCRIPTION OF WORK PERFORMED (Include experience in specific work classifications)

Employer Complete The Following

I hereby certify the applicant was in my employ during the period stated and the applicant's description of experience on this application is accurate.

SIGNATURE OF CONTRACTOR OF RECORD | DATE

NAME OF CONTRACTOR OF RECORD (No Initials)

LICENSE NUMBER | TELEPHONE NUMBER (Include Area Code)

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____.

Experience Record

It is necessary to show a minimum of 3 years experience in one or more of the work classifications. List your present employer first. Describe the type of work performed in detail to enable the reviewer to correctly evaluate your qualifications. Describe the work classifications you have had experience in and the length of time you performed the work. Have each contractor of record certify your dates of employment and have their signatures notarized. Attach extra sheets if necessary.

EMPLOYER NAME	DATES EMPLOYED (Month / Day / Year)
Ogden Industrial Services	FROM: 2-3-92 TO: 6-5-92
ADDRESS: 800 Chrysler Drive	TYPE OF WORK PERFORMED: ☐ Residential ☒ Commercial ☒ Industrial ☒ Full-Time ☐ Part-Time Hours per week 40
CITY: Auburn Hills STATE: MI ZIP CODE: 48326	
DESCRIPTION OF WORK PERFORMED (Include experience in specific work classifications): See letter	

Employer Complete The Following

I hereby certify the applicant was in my employ during the period stated and the applicant's description of experience on this application is accurate.

SIGNATURE OF CONTRACTOR OF RECORD	DATE
NAME OF CONTRACTOR OF RECORD (No Initials)	
LICENSE NUMBER	TELEPHONE NUMBER (Include Area Code)

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____.

Certification and Signature (MUST BE SIGNED BY ALL APPLICANTS)

I certify all information in this application is true and complete and I agree and understand any falsification of material facts will result in my forfeiting any rights of consideration for examination and issuance of a mechanical contractor's license in the state of Michigan.

SIGNATURE OF APPLICANT	DATE
Craig S. Empey	10-23-2007

DAIMLERCHRYSLER

DaimlerChrysler Corporation

October, 2007

To Whom It May Concern:

Craig Empey has worked at Chrysler Corporation since 1992. I hold a valid State of Michigan Mechanical Contractor license. Under my supervision, and others, Mr. Empey has performed repairs, preventative maintenance, troubleshooting of building HVAC & R controls and mechanical systems, which have included the following work classifications:

Classification 1: Hydronic heating and cooling and process piping.

- Natural gas fired boilers with over 1,000,000 BTU/ HR
- Chillers up to 1,200 tons with various types of compressors, including centrifugal, reciprocating, and screw

Classification 2: HVAC equipment.

- Air handling units of varying capacity from 25,000 to 100,000 CFM variable speed and variable air volume fans
- Commercial humidifiers
- Exhaust and relief air fans
- Pneumatic and electronic controls (DDC controls)
- Building Automation System (Metasys)
- Building pressurization , smoke control, and related systems (Supply Air Dampener & Return Air Damper)
- Make-up air units for kitchens

Classification 3: Ductwork.

- Fabrication and installation of ductwork
- Air balancing and VAV commissioning

DaimlerChrysler Corporation
800 Chrysler Drive CIMS 482-60-03
Auburn Hills MI USA 48326-2757
Fax 248.944.6196

Classification 4: Refrigeration.

- Walk-in coolers, freezers, and ice machines
- Environmental test chambers (-60 degrees F to 300 degrees F)
- Drinking fountains
- Refrigerated air dryers
- Fan coil units
- Computer room air conditioning unit
-

Classification 5: Limited heating service.

- Natural gas fired boilers over 1,000,000 BTU/HR
- Natural gas fired dessicant air dryers
- Electric hot water heaters
- Natural gas direct fired paint booth ovens
- Natural gas fired radiant heaters

Classification 6: Unlimited heating service.

- Natural gas fired boilers over 1,000,000 BTU/HR
- Natural gas fired dessicant air dryers
- Natural gas direct fired paint booth ovens

Classsification 7: Limited refrigeration and air conditioning service.

- Natural gas dessicant air dryers
- Environmental test chambers (-60 degrees F to 300 degrees F)

Classification 8: Unlimited refrigeration and air conditioning service.

- Natural gas dessicant air dryers
- Chillers up to 1,200 tons with various types of refrigerants and compressors, including centrifugal, reciprocating, and screw

These years at Chrysler Corporation have given Mr. Empey a wide variety of experiences with commercial and industrial HVAC & R systems.

Sincerely,

Jim Opria

OK

85-10

1.2.3.4.5.8

Acting In Oakland County

Subscribed And Sworn
Before Me This 23 Day
Of October, 2007.

PATRICIA ANN JACHIMOWICZ
Notary Public, Macomb County, MI
My Commission Expires 01/02/2008
Patricia Ann Jachimowicz