

Application for Mechanical Contractor License Examination or Re-examination

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Michigan Department of Licensing and Regulatory Affairs

Bureau of Construction Codes / Mechanical Division

P.O. Box 30255, Lansing, MI 48909

517-241-9325 or www.michigan.gov/bcc

Authority: 1984 PA 192 Penalty: Failure to provide information may result in denial of your request.	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
<input type="checkbox"/> \$100.00 Nonrefundable Fee Enclosed	<input type="checkbox"/> No Fee - Request for veterans exemption (Copy of DD-214 or DD-215 enclosed)

Note: In accordance with 2012 PA 312, any veteran providing satisfactory proof of separation from the armed forces of the United States under "honorable" or "general under honorable conditions" is exempt from licensing and examination fees. For consideration, please attach a copy of either a DD-214, and/or DD-215 to your application. You may email your application and documentation to bccmech@michigan.gov if you are requesting a veterans exemption only.

Instructions:

- To help provide optimum customer service and for scheduling purposes please provide completed application at least 20 business days prior to your desired exam date.
- Enclose a check made payable to the **State of Michigan**. Mail completed application and payment to the address listed above.

Applicant Information				CONTRACTOR LICENSE NUMBER - REQUIRED FOR ADDITIONS TO LICENSE			
NAME (Last, First, Middle) No Initials				71 -		<input type="checkbox"/> Addition to License	
DATE OF BIRTH				LAST 4 DIGITS OF SOCIAL SECURITY NUMBER*			
ADDRESS				CITY		STATE	
COUNTY				TELEPHONE NUMBER (Include Area Code)		E-MAIL ADDRESS	
ZIP CODE				XXX-XX-			
Have you previously taken this examination?				<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when? _____	
Have you taken and passed the Law portion of this examination?				<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when? _____	

Work Classifications (Check work classifications for which you are desiring to test for)

<input type="checkbox"/> 1. Hydronic heating and cooling and process piping (includes the installation of residential boilers). (Means the application of equipment and systems which provide air conditioning by the controlled forced circulation of fluids or vapors in pipes.)	<input type="checkbox"/> 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.)
<input type="checkbox"/> 2. HVAC equipment (includes ductwork, gas piping and venting). (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.)	<input type="checkbox"/> 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.)
<input type="checkbox"/> 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.)	<input type="checkbox"/> 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.)
<input type="checkbox"/> 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.)	<input type="checkbox"/> 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.)
<input type="checkbox"/> 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.)	<input type="checkbox"/> 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:) <ul style="list-style-type: none"> <input type="checkbox"/> a. Solar Heating and Cooling <input type="checkbox"/> b. Solid Fuel Equipment & Vented Decorative Gas Appliances <input type="checkbox"/> c. LP Distribution Piping <input type="checkbox"/> d. Fuel Gas Piping <input type="checkbox"/> e. Fuel Gas Piping & Venting

Background Information

Have you been convicted of a felony? Yes No If yes, complete the "Conviction History" section below.

If you have checked yes, you must contact the court(s) where convicted and have copies sent from the court to our office at the address listed on page 1. The documentation must contain the name and location of the court, docket/case number, name of offender, the offense(s) for which convicted, date of conviction/sentencing, the sentence(s) given, and any other sentencing/probation conditions ordered to include the following:

1. Complaint(s) Information, Indictment
2. Judgement Order of Conviction
3. Order of Sentencing
4. Probation/Parole Order(s) and any Amendments

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. If you are unsure of the exact details, respond to the best of your knowledge. **Attach additional sheet(s) if necessary.**

YOUR NAME WHEN CONVICTED (if different)

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 currently an inmate? Yes No Release date if applicable _____
2. Are you currently on probation/parole? Yes No Release date if applicable _____
3. If yes, provide the name, address and telephone number of the correctional facility, probation officer or parole officer.

REHABILITATION PROGRAM ENROLLED IN OR COMPLETED

NOTE: IF YOU HAVE TAKEN THIS EXAMINATION PREVIOUSLY FOR THE CLASSIFICATIONS IN WHICH YOU ARE APPLYING, YOU MAY SKIP THE EXPERIENCE PORTION OF THIS DOCUMENT AND PROCEED TO THE EXAMINATION LOCATION AND SIGNATURE.

Experience Record

Applicant must provide **statements from employer** verifying work experience in accordance with Section 338.976(4)(b) and (5) of the Forbes Mechanical Contractors Act. Each statement must include a description of the work performed, the length of time and dates that the work was performed, the employer under which the work was performed, and the title of the individual signing the statement.

A description of work performed **must** include, but not limited to, heating/cooling BTU ratings, venting and duct systems, types of fuel, types of refrigerants, types of equipment and types of fire suppression systems and equipment if applicable.

Work Classifications

1. **Hydronic Heating and Cooling and Process Piping (includes the installation of residential boilers)** Full Time Part Time

Employer Name _____ License # (if applicable) _____

Date(s) Held This Position _____ Number of Months/Years _____

Description of Duties Performed

2. **HVAC Equipment (includes ductwork, gas piping and venting)** Full Time Part Time

Employer Name _____ License # (if applicable) _____

Date(s) Held This Position _____ Number of Months/Years _____

Description of Duties Performed:

3. **Ductwork** Full Time Part Time Employer Name _____ License # (if applicable) _____
Date(s) Held This Position _____ Number of Months/Years _____
Description of Duties Performed:

4. **Refrigeration** Full Time Part Time
Employer Name _____ License # (if applicable) _____
Date(s) Held This Position _____ Number of Months/Years _____
Description of Duties Performed:

5. **Limited Heating Service** Full Time Part Time
Employer Name _____ License # (if applicable) _____
Date(s) Held This Position _____ Number of Months/Years _____
Description of Duties Performed:

6. **Unlimited Heating Service** Full Time Part Time
Employer Name _____ License # (if applicable) _____
Date(s) Held This Position _____ Number of Months/Years _____
Description of Duties Performed:

7. **Limited Refrigeration and Air Conditioning Service** Full Time Part Time
Employer Name _____ License # (if applicable) _____
Date(s) Held This Position _____ Number of Months/Years _____
Description of Duties Performed:

8. **Unlimited Refrigeration and Air Conditioning Service** Full Time Part Time
Employer Name _____ License # (if applicable) _____
Date(s) Held This Position _____ Number of Months/Years _____
Description of Duties Performed:

9. **Fire Suppression** Full Time Part Time
Employer Name _____ License # (if applicable) _____
Date(s) Held This Position _____ Number of Months/Years _____
Description of Duties Performed:

