

Application for Mechanical Contractor License Examination
 Michigan Department of Licensing and Regulatory Affairs
 Bureau of Construction Codes / Mechanical Division
 P.O. Box 30255, Lansing, MI 48909
 517-241-9325

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Application Fee: \$100.00 (nonrefundable)

www.michigan.gov/bcc

Authority: 1984 PA 192 Completion: Mandatory Penalty: License will not be issued	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
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Instructions:

- Complete and sign application. Type or print in ink.
- **Completed and signed application and the application fee must be received in the Bureau office not less than 20 working days before next scheduled exam.**
- Incomplete applications or applications received without the application fee will not be approved for examination.
- Enclose a check made payable to the **State of Michigan**.
- Mail completed application and payment to the address listed above.

		CONTRACTOR LICENSE NUMBER - REQUIRED WHEN UPGRADING ONLY	
		71 -	<input type="checkbox"/> Upgrade
NAME (Last, First, Middle) No Initials		DATE OF BIRTH	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER*
ADDRESS			XXX-XX-
CITY	COUNTY	STATE	ZIP CODE

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. <input type="checkbox"/> b. Solid fuel. <input type="checkbox"/> c. LP tank and pipe. <input type="checkbox"/> d. Underground tank and pipe. <input type="checkbox"/> e. Gas piping. <input type="checkbox"/> f. Gas piping and venting.

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

Education

Are you currently attending or a graduate of a recognized trade school? Yes No

If yes, attach a copy of your official transcript or, if applicable, a copy of your original diploma. A maximum of one year of the required three years of experience may be applied.

Examination Location

Examinations are given in Lansing. Refer to the enclosed "Mechanical Contractor Examination Schedule" for examination dates. Please note your preferred 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.

Preferred Date _____ 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.

Experience Record

Applicant must provide **notarized statements from employer on company letterhead** verifying work experience in accordance with Section 338.976 of the Forbes Mechanical Contractors Act, and R 338.903 of the Board of Mechanical Rules license examination procedures. Notarized statements shall document 3 years of experience in each of the work classifications applied for, as checked on page 1 of this application. Each notarized statement must include a detailed 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.

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Background Information

Have you been convicted of a felony or misdemeanor? Yes No

If yes, complete the Conviction History section below; otherwise skip forward to the Certification and Signature section.

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 ever been convicted of a felony or misdemeanor.

If you are unsure of the 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 currently an 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

Certification and Signature

I certify all information in this application is true and accurate to the best of my knowledge. I understand any falsification of material facts will result in my forfeiting any right of consideration for examination and issuance of a mechanical contractor's license by the state of Michigan. By signing this form, I give my permission to allow the Bureau of Construction Codes to contact appropriate agencies regarding my conviction(s) history.

SIGNATURE

DATE