

**Michigan Department of Licensing and Regulatory Affairs  
Bureau of Construction Codes**

## **Notice to Veterans**

In accordance with 2012 PA 311, 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 registration, licensing and examination fees. For consideration, please attach a copy of either a **DD-214**, and/or **DD-215** to your application.

If you do not have a DD-214 or DD-215 in your possession, please contact the Michigan Veterans Affairs Agency at (517) 284-5298 for assistance.

The Plumbing Division may be contacted at (517) 241-9330 if you have any questions prior to submission.

**Registration for Plumbing Apprentice**  
 Michigan Department of Licensing and Regulatory Affairs  
 Bureau of Construction Codes / Plumbing Division  
 P.O. Box 30255, Lansing, MI 48909  
 517-241-9330  
 www.michigan.gov/bcc

Agency Use Only

83- _____
Batch _____ 114
Date _____

**Fee: \$15.00**

Authority: 2002 PA 733 Completion: Mandatory Penalty: Certificate of Registration 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** - This form must be submitted within 30 days of employment as a plumbing apprentice. The master plumber having supervision shall sign the application and provide his/her license number.

- Complete and sign application. Type or print in ink.
- 1996 PA 236, 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.
- Enclose a check made payable to the **State of Michigan**.
- Mail completed application (**all pages must be submitted**) and payment to the address listed above.

**Applicant Information**

NAME (Last, First, Middle)		DATE OF BIRTH		AGE
HOME ADDRESS			SOCIAL SECURITY NUMBER*	DATE APPRENTICESHIP BEGAN
CITY	STATE	ZIP CODE	COUNTY	TELEPHONE NUMBER (Include Area Code)

**Apprenticeship School**

Have you attended an apprenticeship school? <input type="checkbox"/> Yes (Complete information below) <input type="checkbox"/> No		
NAME OF SCHOOL	INSTRUCTOR	DATES (MO/DAY/YR) FROM: _____ TO: _____

**Education**

HIGH SCHOOL	HIGHEST GRADE COMPLETED	DATE GRADUATED
COLLEGE/UNIVERSITY	MAJOR	DATE GRADUATED

**Employment**

PRESENT EMPLOYER	NAME OF MASTER PLUMBER		
BUSINESS ADDRESS (Street No. and Name)	CITY	STATE	ZIP CODE
DATES OF EMPLOYMENT (MO/DAY/YR) From: _____ To: _____			

**Signature of Master Plumber Having Supervision Responsibility**

I certify the applicant is employed by the above named company for which I am the authorized master plumber. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.	
SIGNATURE OF MASTER PLUMBER	
LICENSE NUMBER	DATE

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

**Background Information**

Have you been convicted of 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 plumber'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 2002 PA 733 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 <b>YES</b> OR <b>NO</b> TO THE FOLLOWING	
1. Are you a current inmate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Are you currently on probation / parole? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 OF APPLICANT	DATE
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**Certification and Signature** (Must be signed by all applicants)

I certify all information provided is true and accurate to the best of my ability. I further understand falsification of any statement is cause for rejection of application or revocation of plumbing apprentice registration, if issued.

SIGNATURE OF APPLICANT	DATE
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