

## 2009 Plumbing Code Update Course Application/Approval

Michigan Department of Licensing and Regulatory Affairs

Bureau of Construction Codes / Plumbing Division

P.O. Box 30254, Lansing, MI 48909

517-241-9330

www.michigan.gov/bcc

Authority: 2002 PA 733  
Completion: Mandatory  
Penalty: Course will not be approved

LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

**Instructions:** In order to provide adequate time for review of a proposed program, **the application must be submitted at least 30 days prior to presentation of the program.** Take care to complete the application thoroughly and provide all requested information. **Note signature requirements.**

- Complete and sign application. Type or print in ink.
- Attach to the application:
  - A copy of the teaching outline for the program.
  - A description of the criteria used to identify program participants who successfully complete the course.
  - A finished copy of the Bureau outline with all section item summaries completed. The Plumbing Division, upon request, will provide the outline.
  - Identify the equipment, teaching training aids or instructional materials used in your preparation.
  - If the program is offered as a home correspondence or Internet course a specific guideline criteria will be provided upon request from the Plumbing Division.
  - The number of contact hours required to complete the course. The course for master and journey plumbers shall consist of not less than 5 hours of instructions addressing the current Michigan Plumbing Code, Michigan Residential Code and the State Plumbing Act.
- Mail completed application and required documents to the address listed above.

APPLICANT NAME / CONTACT PERSON			TELEPHONE NUMBER (Include Area Code)
ADDRESS	CITY	STATE	ZIP CODE
COUNTY	E-MAIL ADDRESS		

INSTRUCTOR NAME	INSTRUCTOR'S SIGNATURE	LICENSE NUMBER
INSTRUCTOR QUALIFICATIONS (Attach appropriate documentation)		

I certify the 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 course approval, if issued.

APPLICANT'S SIGNATURE	DATE
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### OFFICE USE ONLY

COURSE APPROVAL NUMBER	PERIOD OF APPROVAL	DATE OF APPROVAL
CONDITIONS OF APPROVAL		