

2006 Plumbing Code Update Course Application/Approval

Michigan Department of Labor & Economic Growth

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

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: 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 above.

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

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

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| APPLICANT'S SIGNATURE | DATE |
|-----------------------|------|

OFFICE USE ONLY

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