

Application for Boiler Installer's or Repairer's Examination or Re-examination

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Michigan Department of Licensing and Regulatory Affairs

Bureau of Construction Codes

P.O. Box 30255, Lansing, MI 48909

Phone: 517-241-9111

www.michigan.gov/bcc

Authority: 1965 PA 290 Penalty: Failure to provide the 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.
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Please check one: Boiler Installer's Examination Boiler Repairer's Examination

Instructions:

- Mail completed application to the address listed above.
- Attach a resume outlining your experience for the requirements of the Act.
- Once your application is approved you will be notified by a third party testing agency (PSI) to schedule your examination.

FOR OFFICE USE ONLY	

Applicant Information

NAME		E-MAIL ADDRESS		SSN	
ADDRESS		CITY		STATE	
CLASS OF LICENSE REQUESTED		YEARS OF EXPERIENCE		PHONE NUMBER (Include Area Code)	
				FAX NUMBER (Include Area Code)	

Have you previously taken this examination? Yes No If yes, when? _____

Business Information

NAME OF BUSINESS, FIRM, PARTNERSHIP, CORPORATION							
ADDRESS		CITY		STATE		ZIP	
BUSINESS TELEPHONE NUMBER (Include Area Code)		WELDING PROCEDURES AND QUALIFICATION(S) ON FILE WITH THE BOILER DIVISION?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
ASME AUTHORIZATION(S)		AUTHORIZATION NUMBER(S)		ASME STAMP SYMBOL(S)		EXPIRATION DATE(S)	

License Upgrade

Are you upgrading your license?

Yes -- Current installer's/repairer's license number _____

No

By checking this box you certify you meet the experience requirements of the Act.

Certification and Signature

I certify the information given is true to the best of my knowledge. I understand falsification of any statement in this application is cause for rejection or revocation of license, if issued.

APPLICANT SIGNATURE	DATE