

**Application for Board Approval of a  
Qualified Technical Education Program or Qualified Training Program**

Michigan Department of Licensing and Regulatory Affairs  
Bureau of Construction Codes / Boiler Division  
P.O. Box 30255, Lansing, MI 48909  
517-241-9334  
www.michigan.gov/bcc

**Fee: \$100.00 (nonrefundable)**

Authority: 1965 PA 290 Completion: Voluntary Penalty: 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:**

- Complete and sign application. Type or print in ink.
- Application must be received not less than 45 days prior to the requested Boiler Board meeting date.
- Enclose a check or money order for \$100.00 made payable to the **State of Michigan**.
- Mail completed **ORIGINAL** application, required documents, and payment to the address listed above.
- Please provide any additional documentation for the program applying for that may not have been covered on this form.

**1. Type of Program Applying For** (check only one)

INDICATE THE PROGRAM YOU ARE APPLYING FOR

- Qualified Technical Education Program (QTEP)
  Qualified Training Program (QTP)

**2. Category**

INDICATE THE TRAINING CATEGORY YOU ARE APPLYING FOR

- Low Pressure Boiler Operator
  High Pressure Boiler Operator
 1<sup>st</sup> Class Stationary Engineer  
 3<sup>rd</sup> Class Stationary Engineer
  2<sup>nd</sup> Class Stationary Engineer

**3. Applicant Information**

ORGANIZATION	CONTACT PERSON		TITLE
STREET ADDRESS	TELEPHONE NUMBER (Include Area Code)		ALT. TELEPHONE NUMBER (Include Area Code)
CITY	STATE	ZIP CODE	COUNTY

**4. Training Site Address(s) - Please indicate all address that will be used for training. Attach additional sheets if necessary.**

STREET ADDRESS	CITY	STATE	ZIP	COUNTY
STREET ADDRESS	CITY	STATE	ZIP	COUNTY
STREET ADDRESS	CITY	STATE	ZIP	COUNTY

**5. Attach a copy of the course syllabus or course description, including contact hours and topics for each course. (Required)**

**6. Administrative and technical criteria for the development and delivery of the program.**

**7. Provide a description of the facilities, equipment and instructional materials consistent with the purpose, design and intended outcome of each learning experience in the program.**

**8. Provide a list of instructional material and other resources essential for the successful presentation of the program.**

**9. Provide the policies and procedures for the selection of instructional staff.**

**10. Provide a statement of the purpose and objectives of the program.**

**11. Identify the criteria or performance measurement to determine participants who successfully complete the program.**

**12. Signature**

I \_\_\_\_\_ hereby certify that the matters set forth by me in this application are true and correct and that I  
(Printed Name)  
satisfy the requirements of 1965 PA 290, the Boiler Act, Section 13c.  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**13. Official Use Only**

<input type="checkbox"/> Information verified	<input type="checkbox"/> Additional information requested	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
OFFICIAL SIGNATURE	PROGRAM IDENTIFICATION NUMBER	DATE	
LOCATION OF EVALUATION	DATE	NAME OF INDIVIDUAL PERFORMING EVALUATION	
NOTES			
_____			
_____			
_____			