



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

STEVEN H. HILFINGER
DIRECTOR

ELEVATOR SAFETY BOARD
BUREAU OF CONSTRUCTION CODES
Conference Room 3, First Floor
2501 Wood Lake Circle
Okemos, MI 48864

AGENDA

June 10, 2011

9:30 a.m.

1. Call to Order and Determination of Quorum
2. Approval of Agenda (Pages 1-2)
2. Approval of Minutes – March 25, 2011 (Pages 3-8)
3. Review of Elevator Contractor Applications:
 - A. William J. Munch (Pages 9-12)
 - B. Douglas E. Priehs (Pages 13-17)
 - C. Michael D. VanDerBos (Pages 18-21)
4. Old Business
5. Legislative Update
6. Division Report
 - A. Chief's Report
 - B. Accident Report
7. New Business
8. Public Comment
9. Adjournment

Cal Rogler

Providing for Michigan's Safety in the Built Environment

BUREAU OF CONSTRUCTION CODES
P.O. BOX 30254 • LANSING, MICHIGAN 48909
Telephone (517) 241-9337 • Fax (517) 241-6301
www.michigan.gov/lara

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

The meeting site and parking is accessible. Individuals attending the meeting are requested to refrain from using heavily scented personal care products, in order to enhance accessibility for everyone. People with disabilities requiring additional services (such as materials in alternative format) in order to participate in the meeting should call Lynn Weston at (517) 241-9337 at least 10 work days before the event.



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF ENERGY, LABOR & ECONOMIC GROWTH
LANSING

STEVEN H. HILFINGER
DIRECTOR

ELEVATOR SAFETY BOARD
BUREAU OF CONSTRUCTION CODES
Conference Room 3, First Floor
2501 Woodlake Circle
Okemos, Michigan 48864

MINUTES
March 25, 2011
9:30 a.m.

MEMBERS PRESENT

Mr. Patrick J. Carroll
Mr. William J. Kogelschatz
Mr. Steven C. Lindsay
Mr. Antwane M. Maddox
Ms. Erin C. Modiano
Mr. George Svinicki
Mr. Eric Thomas
Mr. David Kuras

MEMBERS ABSENT

Mr. David Flint, Chair
Mr. David Taylor

DEPARTMENT OF ENERGY, LABOR & ECONOMIC GROWTH PERSONNEL

ATTENDING

Mr. Calvin Rogler, Chief, Elevator Safety Division
Ms. Lynn Weston – Secretary to Mr. Rogler
Mr. Irvin J. Poke – Director, BCC
Mr. Keith Lambert – Deputy Director, BCC, effective April 3, 2011
Mr. Ralph Arceo – General Inspector, Elevator Safety Division
Mr. Tony Slinger – General Inspector, Elevator Safety Division

OTHERS IN ATTENDANCE

Michael Kinsella -Belleville High School	Brian Bricc -Belleville Public Schools
Andrew Turbett -Belleville Public Schools	Sean Patrick Mullett– Examination Applicant
William Munch - Examination Applicant	Danny J. Neville - Examination Applicant
Douglas E. Priehs - Examination Applicant	Tim Raycraft - Examination Applicant
Barry M. Mol - Examination Applicant	Kevin Radjewski - Examination Applicant
Michael D. Van DerBos - Examination Applicant	

Providing for Michigan's Safety in the Built Environment

BUREAU OF CONSTRUCTION CODES
P.O. BOX 30254 • LANSING, MICHIGAN 48909
Telephone (517) 241-9337 • Fax (517) 241-6301
www.michigan.gov/dleg

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

1. **CALL TO ORDER AND DETERMINATION OF QUORUM**

Patrick J. Carroll called the meeting to order at approximately 9:30 a.m. A quorum was determined present at that time.

2. **APPROVAL OF AGENDA**

A **MOTION** was made by Board member Antwane Maddox and supported by Board member Steven Lindsay to approve the agenda. **MOTION CARRIED.**

3. **APPROVAL OF MINUTES**

A **MOTION** was made by Board member Steven Lindsay and supported by Board member William Kogelschatz to approve the minutes of the November 05, 2010 meeting. **MOTION CARRIED.**

4. **REVIEW OF ELEVATOR CONTRACTOR APPLICATIONS:**

- a. Sean Patrick Mullett, (Pages 7-10)
- b. William J. Munch, (Pages 11-14)
- c. Danny James Neville II, (Pages 15-18)
- d. Douglas E. Priehs, (Pages 19-24)
- e. Tim Raycraft, (Pages 25-29)

Following a review of experience and discussion by the board, a **MOTION** was made by Board member Dave Kuras and supported by Board member William Kogelschatz to approve Sean Patrick Mullett to take the Class A Contractor examination. **MOTION CARRIED.**

Following a review of experience and discussion by the board, a **MOTION** was made by Board member William Kogelschatz and supported by Board member George Sivinicki to approve William J. Munch to take the Class A Contractor examination. **MOTION CARRIED.**

Following a review of experience and discussion by the board, a **MOTION** was made by Board member William Kogelschatz and supported by Board member David Kuras to approve Danny James Neville II to take the Class A Contractor examination. **MOTION CARRIED.**

Following a review of experience and discussion by the board, a **MOTION** was made by Board member William Kogelschatz and supported by Board member David Kuras to

approve **Douglas E. Priehs** to take the Class A Contractor examination. **MOTION CARRIED.**

Following a review of experience and discussion by the board, a **MOTION** was made by Board member William Kogelschatz and supported by Board member David Kuras to approve **Tim Raycraft** to take the Class A Contractor examination. **MOTION CARRIED.**

5. REVIEW OF CERTIFICATE OF COMPETENCY APPLICATIONS:

- a. Barry M. Mol, (Pages 30-34)
- b. Kevin Radjewski, (Pages 35-37)
- c. Michael D. Van DerBos, (Pages 38-40)

Following a review of experience and discussion by the board, a **MOTION** was made by Board member William Kogelschatz and supported by Board member David Kuras to approve **Barry M. Mol** to take the Certificate of Competency examination. **MOTION CARRIED.**

Following a review of experience and discussion by the board, a **MOTION** was made by Board member William Kogelschatz and supported by Board member David Kuras to approve **Kevin Radjewski** to take the Certificate of Competency examination. **MOTION CARRIED.**

Following a review of experience and discussion by the board, a **MOTION** was made by Board member William Kogelshatz and supported by Board member David Kuras to approve **Michael D. Van DerBos** to take the Certificate of Competency examination. **MOTION CARRIED.**

6. EXAMINATIONS

A **MOTION** was made by Board member William Kogelschatz and supported by Board member David Kuras to grant the appropriate license/certificate to examinees if they successfully pass their respective exams. **MOTION CARRIED.**

7. WAIVER REQUESTS

- a. Fanning/Howey Associates, Inc. (Acton Rental), Vertical Platform Lift, Belleville High School, Belleville (Pages 41-61)

A **MOTION** was made by Board member William Kogelschatz and supported by Board member David Kuras to allow this request utilizing the following criteria:

- The Vertical Platform Lift shall be installed as a permanent installation properly secured to prevent lateral movement.
- Operation of the Vertical Platform Lift shall be supervised by the Auditorium Coordinator/Manager.
- No controls, other than an emergency stop switch, shall be provided in the car.
- The platform entrances shall be protected by a platform door of unperforated construction at least 42" high with a combination mechanical lock and electric contact.
- Upper landing operating controls located on the vertical platform lift shall be removed.
- Lower landing shall comply with barrier free requirements of landings and ramps.
- The lift shall be attendant-operated from an operation station located at the bottom landing ONLY. The operation station may be on a short pendant cord or at an approved location on the adjacent wall (discuss with Elevator Division). The attendant shall operate the lift by means of a continuous-pressure switch so located to provide the attendant full view of the floor area under the lift and full view of the lift throughout its travel. A manually reset emergency stop switch shall also be provided at the operator station.
- A key operated switch shall be provided at the operator station which will allow the up and down control switches to become effective only when the key is in the on position. The key operated switch shall be operated by a lock having a five pin or five disk combination with a key removable only in the off position.
- Runway enclosure walls shall be smooth and flush or; a smooth vertical fascia of unperforated construction shall be fastened securely from the upper landing sill or floor level to the level of the lower landing sill. It shall be equal to or stronger than 0.0598 in. sheet steel and guard the full width of the platform. The fascia shall not be permanently deformed when a face of 125 lbf is applied on any 4 in. by 4 in. area.
- When the vertical platform lift is not in use, it shall be lowered to the bottom landing and locked off. **MOTION CARRIED.**

8. **OLD BUSINESS**

- a. University of Michigan, Generator testing report

Cal Rogler informed the board that the testing cycle is in the process of being set up now so this issue should be resolved by the next Elevator Safety Board meeting which is scheduled for June 10, 2011.

9. **LEGISLATIVE UPDATE**

Information presented by Mr. Irvin J. Poke, Director, BCC.

Senate Bill 245 has been introduced which addresses whether private residence inclined elevators should be allowed in Condominium development projects of not more than twenty units. Mr. Poke has concerns regarding the bill that he will discuss with Division Chief Cal Rogler before responding.

There are a number of bills that have been introduced concerning the rules promulgation process. There are new constraints to the process being discussed and the Bureau is looking at how these changes will affect us.

Mr. Poke introduced Mr. Keith Lambert who is currently the Chief of the Land Survey Division, but beginning April 3, 2011, he will be taking the position of Deputy Director of the Bureau of Construction Codes which will be vacated by the retirement of Ms. Beth Aben.

10. **DIVISION REPORT**

Chief's report

C. Rogler

The division has obtained the new American Society of Mechanical Engineers (ASME) A17.1-2010 Edition and will begin formatting a matrix of substantive changes from the current 2007 edition.

Mr. Rogler is pleased to announced that Charles J. Williams has accepted the position of elevator inspector to fill the vacant position in Kalamazoo County. His start date was March 21, 2010

Dawn Smith, a longtime employee of the Elevator Safety Division has left for a promotional position within the Bureau. This position is in the process of being filled.

Accident report review – Accident reports received and input from November 1, 2010 thru February 28, 2011 were discussed. Mr. Cal Rogler discussed an escalator accident that took place in Massachusetts, reminding everyone that these are mechanical devices

that may appear completely safe but there are hazards involved with the use of these devices.

11. **NEW BUSINESS**
None

12. **PUBLIC COMMENT**

Mr. Pat Carroll thanked Mr. Richard Egerer for the time he spent on the Elevator Safety Board, it was greatly appreciated, he also stated that Mr. Egerer was recognized for his time served by the Bureau with a certificate; Mr. Carroll also welcomed Mr. David Kuras and thanked him for joining the board.

13. **ADJOURNMENT**

A **MOTION** was made by Board member William Kogelschatz and supported by Board member David Kuras to adjourn the meeting at approximately 10:35 a.m. **MOTION CARRIED.**

APPROVED:

Chair, Elevator Safety Board

Date

Application for Elevator Contractor License Examination
 Michigan Department of Energy, Labor & Economic Growth

Bureau of Construction Codes
 Elevator Safety Division
 P.O. Box 30255, Lansing, MI 48909
 517-241-9337
 www.michigan.gov/bcc

OFFICE USE ONLY

DIVISION ACTION	DATE
<input type="checkbox"/> SUBMITTED TO BOARD	INITIALS
<input type="checkbox"/> REJECTED	DATE
BOARD ACTION	DATE
<input type="checkbox"/> APPROVED	
<input type="checkbox"/> REJECTED	

EXAMINATION FEE: \$100.00 (nonrefundable)

Authority: 1967 PA 227
 Completion: Mandatory As Required By Section 12
 Penalty: Examination Will Not Be Given

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

IMPORTANT - READ CAREFULLY

- This application must be on file in the office of the Elevator Safety Division, Department of Energy, Labor & Economic Growth, Bureau of Construction Codes, P.O. Box 30255, Lansing, Michigan, 48909, on or before the twentieth day proceeding the date of the examination.
- The applicant shall be in a position to submit sufficient information relative to his/her experience, integrity and responsibility.
- Applicant must have at least 5 years of experience as an elevator constructor or journeyperson in the type of elevator work for which they desire the license.
- Submit 2 written references.
- Examination applications not properly completed will be rejected.
- The examination fee must accompany this application. Make check or money order payable to the **State of Michigan**.
- Mail completed examination application and fee to address listed above.

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION? No Yes

Trans Info: 183 16071893-1 05/11/11
 CHG#: [REDACTED] Amt: \$100.00
 ID: BILL MUNCH

APPLICANT INFORMATION

CLASS		
<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C - Device Type
NAME WILLIAM J. MUNCH		SOCIAL SECURITY NUMBER*
ADDRESS [REDACTED]		TELEPHONE NUMBER (Include Area Code) [REDACTED]
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]

COMPANY REPRESENTING

COMPANY NAME DTB ENERGY		
ADDRESS 3500 E. Front St		BUSINESS TELEPHONE NUMBER (Include Area Code) 734 755 0795
CITY MONROE	STATE Mich	ZIP CODE 48161

REFERENCES - Enter below the names and addresses of three references and submit not less than two (2) written references with this application from those listed certifying your years of experience as an elevator constructor, journeyperson or equivalent.

NAME DOUG PRIENIS			NAME Sean Mullett		
ADDRESS [REDACTED]			ADDRESS [REDACTED]		
CITY Garden City	STATE Mich	ZIP CODE 48135	CITY Saint Clair	STATE Mich	ZIP CODE 48079
NAME Mike Cronk			NAME Steve Byington		
ADDRESS [REDACTED]			ADDRESS [REDACTED]		
CITY Melvindale	STATE Mich	ZIP CODE 48122	CITY Livonia	STATE Mich	ZIP CODE 48150

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

EMPLOYMENT HISTORY - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

State definitively your qualifying installation and servicing experience on equipment, similar to that for which license is required. Give names and addresses of firms with whom employed, duties, length of service and dates of employment. Present available documentary evidence to substantiate experience.

NAME OF PRESENT OR LAST EMPLOYER DTE ENERGY			DATES EMPLOYED (Month / Day / Year) FROM: Feb 08 2008 TO: Present	
ADDRESS 3500 E. Front St.	CITY Monroe	STATE Michigan		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) Journey person		YOUR SUPERVISOR'S NAME AND TITLE Mike Cronk		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Maintenance / service / Repair				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) TRACTION / Hydraulic / Escalators				
NAME OF PREVIOUS EMPLOYER Schindler ELEVATOR			DATES EMPLOYED (Month / Day / Year) FROM: Aug 16 1999 TO: Feb 08 2008	
ADDRESS	CITY Livonia	STATE Michigan		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) Apprentice / Journey person		YOUR SUPERVISOR'S NAME AND TITLE Steve Byington		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) NEW Construction / service / Repair / MOD				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) TRACTION (ALL) - Hydraulic - Escalators				
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year)	
ADDRESS	CITY	STATE	FROM:	TO:
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.)		YOUR SUPERVISOR'S NAME AND TITLE		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.)				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.)				

If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

CERTIFICATION AND SIGNATURE

I certify all statements are true to the best of my knowledge and that all work shall be done according to the State of Michigan elevator law, rules and regulations adopted by the Elevator Safety Board.

I also certify I am actively employed by the company I'm representing and that in the event of my leaving said firm, agree to immediately notify the Michigan Department of Energy, Labor and Economic Growth, Bureau of Construction Codes.

SIGNATURE OF APPLICANT 	DATE 5-10-2011
--	--------------------------

DTE Energy Company
One Energy Plaza, Detroit, MI 48226-1279

DTE Energy



December 3, 2010

Michigan Department of Energy, Labor & Economic Growth
Bureau of Construction Codes
Elevator Safety Division
Elevator Safety Board
P.O. Box 30255
Lansing, Michigan 48909

Dear Gentlemen,

This letter is to verify the employment of William Munch at DTE Energy. William's Class A State of Michigan Elevator Journeyman license number is #2200621. William has worked as a State of Michigan Elevator Journeyperson at DTE Energy since February 4, 2008. William is fully qualified and licensed to perform, or to provide supervision in the performance of, the work of installation, alteration, maintenance, repair, servicing adjusting inspecting, or testing elevators at DTE Energy.

A handwritten signature in black ink, appearing to read 'M. Cronk', written in a cursive style.

Michael G. Cronk
DTE Energy, Facility General Supervisor
Room 165
17150 Allen Road
Melvindale, Mi. 48122
313-389-7712

Schindler Elevator Corporation**Schindler**

Thursday, February 24, 2011
Mr. Cal Rogler
State of Michigan
Department of Consumer & Industry Services
Bureau of Construction Codes – Elevator Safety Division
P.O. Box 30254
Lansing, MI 48909

Subject: William Munch – Application for Contractors License

This letter is to state that Mr. William Munch, State license #2200621 had been employed with Schindler Elevator Corporation since August 23,1999 through February 4, 2008 and has fulfilled all the requirements that entitle him to be tested for a Contractors License. He had been an excellent employee and would be an excellent contractor.

If you have any questions, please feel free to call our office at the number below.

Sincerely,

Steve Byington
Field Superintendent



Application for Elevator Contractor License Examination
Michigan Department of Energy, Labor & Economic Growth

Bureau of Construction Codes
Elevator Safety Division
P.O. Box 30255, Lansing, MI 48909
517-241-9337
www.michigan.gov/bcc

OFFICE USE ONLY

DIVISION ACTION		DATE
<input type="checkbox"/> SUBMITTED TO BOARD	INITIALS	
<input type="checkbox"/> REJECTED	DATE	
BOARD ACTION		
<input type="checkbox"/> APPROVED		
<input type="checkbox"/> REJECTED		

EXAMINATION FEE: \$100.00 (nonrefundable)

Authority: 1967 PA 227 Completion: Mandatory As Required By Section 12 Penalty: Examination Will Not Be Given	DELEG is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
---	---

IMPORTANT - READ CAREFULLY

- This application must be on file in the office of the Elevator Safety Division, Department of Energy, Labor & Economic Growth, Bureau of Construction Codes, P.O. Box 30255, Lansing, Michigan, 48909, on or before the twentieth day proceeding the date of the examination.
- The applicant shall be in a position to submit sufficient information relative to his/her experience, integrity and responsibility.
- Applicant must have at least 5 years of experience as an elevator constructor or journeyperson in the type of elevator work for which they desire the license.
- Submit 2 written references.
- Examination applications not properly completed will be rejected.
- The examination fee must accompany this application. Make check or money order payable to the **State of Michigan**.
- Mail completed examination application and fee to address listed above.

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION? No Yes

Tran Info: 183 16873000-1 05/12/11
CHK#: [REDACTED] Amt: \$100.00
ID: DOUGLAS PRIEHS

APPLICANT INFORMATION

CLASS <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C - Device Type _____		
NAME Douglas E Priehs		SOCIAL SECURITY NUMBER* [REDACTED]
ADDRESS [REDACTED]		TELEPHONE NUMBER (Include Area Code) [REDACTED]
CITY Garden city	STATE MI	ZIP CODE 48135

COMPANY REPRESENTING

COMPANY NAME DTE		
ADDRESS 3500 E. Front ST		BUSINESS TELEPHONE NUMBER (Include Area Code) 734 755-0892
CITY Monroe	STATE MI	ZIP CODE 48161

REFERENCES - Enter below the names and addresses of three references and submit not less than two (2) written references with this application from those listed certifying your years of experience as an elevator constructor, journeyperson or equivalent.

NAME William Munch			NAME Michael Cronk		
ADDRESS [REDACTED]			ADDRESS [REDACTED]		
CITY Novi	STATE MI	ZIP CODE 48375	CITY Melvindale	STATE MI	ZIP CODE 48122
NAME Matthew Miska			NAME Brenda Mullett		
ADDRESS [REDACTED]			ADDRESS [REDACTED]		
CITY Carleton	STATE MI	ZIP CODE 48117	CITY Livonia	STATE MI	ZIP CODE 48150

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

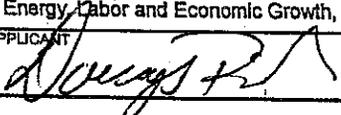
EMPLOYMENT HISTORY - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

State definitively your qualifying installation and servicing experience on equipment, similar to that for which license is required. Give names and addresses of firms with whom employed, duties, length of service and dates of employment. Present available documentary evidence to substantiate experience.

NAME OF PRESENT OR LAST EMPLOYER DTE Energy			DATES EMPLOYED (Month / Day / Year)	
ADDRESS 3500 EAST FRONT ST			CITY Monroe	STATE MI
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) Journeyman			YOUR SUPERVISOR'S NAME AND TITLE Michael Cronk supervisor	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Maintenance, Service, Repair, Adjust.				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Traction, geared, gearless, Hydraulics direct, Some Escalators				
NAME OF PREVIOUS EMPLOYER Thyssen Krupp Elevator			DATES EMPLOYED (Month / Day / Year)	
ADDRESS 31850 Industrial dr.			CITY Livonia	STATE MI
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) Apprentice/Journeyman			YOUR SUPERVISOR'S NAME AND TITLE Rod Kerns, supervisor	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Construction, Mods, Service, Repair, Escalators				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Traction geared, direct Hydros. T.K. Escalators				
NAME OF PREVIOUS EMPLOYER Amtech Elevator			DATES EMPLOYED (Month / Day / Year)	
ADDRESS 99 W. Willis			CITY Detroit	STATE MI
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) Apprentice			YOUR SUPERVISOR'S NAME AND TITLE Eric Pierson, Supervisor	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Mods, Service, Repair				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Traction geared + gearless, Escalators.				

If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

CERTIFICATION AND SIGNATURE

I certify all statements are true to the best of my knowledge and that all work shall be done according to the State of Michigan elevator law, rules and regulations adopted by the Elevator Safety Board.	
I also certify I am actively employed by the company I'm representing and that in the event of my leaving said firm, agree to immediately notify the Michigan Department of Energy, Labor and Economic Growth, Bureau of Construction Codes.	
SIGNATURE OF APPLICANT 	DATE 5-10-11

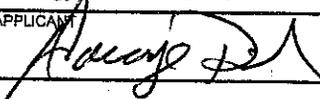
EMPLOYMENT HISTORY - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

State definitively your qualifying installation and servicing experience on equipment, similar to that for which license is required. Give names and addresses of firms with whom employed, duties, length of service and dates of employment. Present available documentary evidence to substantiate experience.

NAME OF PRESENT OR LAST EMPLOYER General Elevator			DATES EMPLOYED (Month / Day / Year) FROM: 7/6/95 TO: 4/9/97	
ADDRESS 1410 Racho Rd	CITY Taylor	STATE MI		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) Apprentice		YOUR SUPERVISOR'S NAME AND TITLE Douglas Scott		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Modernization, Service, Repair				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) geared, gearless, Hydros.				
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year)	
ADDRESS	CITY	STATE	FROM: TO:	
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.)		YOUR SUPERVISOR'S NAME AND TITLE		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.)				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.)				
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year)	
ADDRESS	CITY	STATE	FROM: TO:	
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.)		YOUR SUPERVISOR'S NAME AND TITLE		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.)				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.)				

If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

CERTIFICATION AND SIGNATURE

I certify all statements are true to the best of my knowledge and that all work shall be done according to the State of Michigan elevator law, rules and regulations adopted by the Elevator Safety Board.	
I also certify I am actively employed by the company I'm representing and that in the event of my leaving said firm, agree to immediately notify the Michigan Department of Energy, Labor and Economic Growth, Bureau of Construction Codes.	
SIGNATURE OF APPLICANT 	DATE 5-10-11

DTE Energy Company
One Energy Plaza, Detroit, MI 48226-1279

DTE Energy



December 3, 2010

Michigan Department of Energy, Labor & Economic Growth
Bureau of Construction Codes
Elevator Safety Division
Elevator Safety Board
P.O. Box 30255
Lansing, Michigan 48909

Dear Gentlemen,

This letter is to verify the employment of Douglas Priehs at DTE Energy. Doug's Class A State of Michigan Elevator Journeyman license number is #2200094. Doug has worked as a State of Michigan Elevator Journeyperson at DTE Energy since February 4, 2008. Doug is fully qualified and licensed to perform, or to provide supervision in the performance of, the work of installation, alteration, maintenance, repair, servicing adjusting inspecting, or testing elevators at DTE Energy.

A handwritten signature in black ink, appearing to read "Michael G. Cronk".

Michael G. Cronk
DTE Energy, Facility General Supervisor
Room 165
17150 Allen Road
Melvindale, Mi. 48122
313-389-7712

ThyssenKrupp Elevator



ThyssenKrupp

February 28, 2011

State of Michigan
Elevator Safety Division
P.O. Box 30254
Lansing, MI 48909

Re: Douglas Priehs

To Whom It May Concern:

This letter is to certify that Douglas Priehs worked for ThyssenKrupp Elevator Company, 35432 Industrial Road, Livonia, MI 48150, as an Elevator Mechanic's Apprentice from August 2003-February 2008. He has worked on new installation, repair and maintenance of Traction and Hydraulic Elevators, Escalators, Chairlifts and Dumbwaiters.

He started working in the Elevator Industry on July 5, 1995.

It is his desire to further qualify himself by examination, and obtain a State of Michigan Contractor's License on his own abilities.

Sincerely,

A handwritten signature in cursive script that reads "Brenda Mullett".

Brenda Mullett
Office Manager

Cc: Employee File

Application for Elevator Contractor License Examination
Michigan Department of Energy, Labor & Economic Growth

Bureau of Construction Codes
Elevator Safety Division
P.O. Box 30255, Lansing, MI 48909
517-241-9337
www.michigan.gov/bcc

OFFICE USE ONLY

DIVISION ACTION	DATE
<input checked="" type="checkbox"/> SUBMITTED TO BOARD	4/26/11
<input type="checkbox"/> REJECTED	INITIALS
BOARD ACTION	DATE
<input checked="" type="checkbox"/> APPROVED	JAB
<input type="checkbox"/> REJECTED	

EXAMINATION FEE: \$100.00 (nonrefundable)

Authority: 1967 PA 227 Completion: Mandatory As Required By Section 12 Penalty: Examination Will Not Be Given	DELEG is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
---	---

IMPORTANT - READ CAREFULLY

- This application must be on file in the office of the Elevator Safety Division, Department of Energy, Labor & Economic Growth, Bureau of Construction Codes, P.O. Box 30255, Lansing, Michigan, 48909, on or before the twentieth day proceeding the date of the examination.
- The applicant shall be in a position to submit sufficient information relative to his/her experience, integrity and responsibility.
- Applicant must have at least 5 years of experience as an elevator constructor or journeyman in the type of elevator work for which they desire the license.
- Submit 2 written references.
- Examination applications not properly completed will be rejected.
- The examination fee must accompany this application. Make check or money order payable to the State of Michigan.
- Mail completed examination application and fee to address listed above.

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION? No Yes

APPLICANT INFORMATION

CLASS		
<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C - Device Type _____
NAME Michael Dennis VanDerBos		SOCIAL SECURITY NUMBER [REDACTED]
ADDRESS [REDACTED]		TELEPHONE NUMBER (Include Area Code) [REDACTED]
CITY Scotts	STATE Mi	ZIP CODE 49088-7736

COMPANY REPRESENTING

COMPANY NAME Michael Dennis VanDerBos		
ADDRESS 5886 Wheatlands Ave		BUSINESS TELEPHONE NUMBER (Include Area Code)
CITY Scotts	STATE Mi	ZIP CODE 49088-7736

REFERENCES - Enter below the names and addresses of three references and submit not less than two (2) written references with this application from those listed certifying your years of experience as an elevator constructor, journeyman or equivalent.

NAME Jim Weaver			NAME Van Nell		
ADDRESS [REDACTED]			ADDRESS [REDACTED]		
CITY Kalamazoo	STATE Mi	ZIP CODE 49048	CITY Kalamazoo	STATE Mi	ZIP CODE 49004
NAME Fred Stickovich			NAME George Turchio		
ADDRESS [REDACTED]			ADDRESS		
CITY Niles	STATE Mi	ZIP CODE 49120	CITY	STATE	ZIP CODE

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

EMPLOYMENT HISTORY - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

State definitively your qualifying installation and servicing experience on equipment, similar to that for which license is required. Give names and addresses of firms with whom employed, duties, length of service and dates of employment. Present available documentary evidence to substantiate experience.

NAME OF PRESENT OR LAST EMPLOYER Otis Elevator Company			DATES EMPLOYED (Month / Day / Year) FROM: 10/2/1990 TO: 1/14/2011	
ADDRESS 1300 S. 8th St.	CITY Oshkosh	STATE Mi		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) Adjuster / Mechanic		YOUR SUPERVISOR'S NAME AND TITLE Barry Crouch, Julie Munger, Steve Betbee		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Install and adjust new construction elevators - traction & hydraulic. Install and adjust modernization elevators - traction & hydraulic. Service, repair, maintenance and troubleshooting of elevators, escalators, dumbwaiters, BFLD				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Traction - gearless and geared, Hydraulic - direct and roped, escalators, dumbwaiters, geared stairway chairlift, BFLD, vertical platform lifts				
NAME OF PREVIOUS EMPLOYER Continental Lanes			DATES EMPLOYED (Month / Day / Year) FROM: 9/6/1974 TO: 10/2/1990	
ADDRESS 3645 Van Riek Dr.	CITY Kalamazoo	STATE Mi		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) Mechanic / Building maintenance		YOUR SUPERVISOR'S NAME AND TITLE David Fawley - Manager		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Repair and maintenance of Automatic pinsetter and scorer equipment HVAC and plumbing				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Brunswick, Copeland, Tecumseh, Matot				
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year)	
ADDRESS	CITY	STATE		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.)		YOUR SUPERVISOR'S NAME AND TITLE		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.)				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.)				

If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

CERTIFICATION AND SIGNATURE

I certify all statements are true to the best of my knowledge and that all work shall be done according to the State of Michigan elevator law, rules and regulations adopted by the Elevator Safety Board.	
I also certify I am actively employed by the company I'm representing and that in the event of my leaving said firm, agree to immediately notify the Michigan Department of Energy, Labor and Economic Growth, Bureau of Construction Codes.	
SIGNATURE OF APPLICANT Michael Van Du Be	DATE 3/29/2011

April 11, 2011

George A Turchioe

1926 Cromwell Drive
Wheaton, IL 60189
Phone: 312 446 5929

► **Mr. Cal Rogler**
State of Michigan
Michigan Department of Labor
Elevator Safety Division

PO Box 30254
Lansing, Michigan 48909

Dear Mr Rogler,

I am writing you on behalf of Mr. Mike Vanderbos and his application for a State of Michigan Elevator Contractor's License.

I have had the pleasure of working with Mike since the early 1990's. He provided critical technical field support to the Otis Elevator Company operations primarily in the Kalamazoo and Battle Creek areas (often being called upon to support operations throughout Lower Peninsula Michigan). In my tenure as Regional Field Engineer for Otis Elevator Company between 1992 and 2000 in the Great Lakes Region, I came to rely upon Mike when technical issues arose that required resolution by Otis Engineering.

Mike provided leadership for the field force in the southwestern Michigan area. He always made himself available to not only the Mechanics, but to Company Supervisors and most importantly, to the customer. His commitment to the job and the industry was evident through his positive attitude and his methodical approach to problem solving. I can vouch for his character and the depth of his professionalism. Please feel free to contact me at (312) 446 5929 if you have any questions.

Sincerely,



George A Turchioe

Regional Field Engineer

Chicago Region

Otis Elevator Company

Otis Elevator Company
1010 E. Jefferson Blvd.
Mishawaka, IN 46545
Tel: (574) 256-5551 Fax: (574) 255-7461
www.otis.com



Otis

A United Technologies Company

February 23, 2011

Mr. Cal Rogler
State of Michigan
Michigan Department of Labor
Elevator Safety Division
P. O. Box 30254
Lansing, MI 48909

Subject: Michael Vanderbos

Dear Mr. Rogler:

I am writing this letter to inform you of my personal relationship with Michael Vanderbos, and also as his employer. Mike has always shown great character, integrity and he is one of the most honest and loyal person I have known. My relationship with Mike goes back almost twenty (20) years that he has been in the Elevator Industry.

Over the years, Mike has proven to me that he is well versed in elevator codes, performs all tests and service by the book. No shortcuts, he is an absolute perfectionist. If something isn't 100% perfect, he stays until it is. Mike's knowledge of elevators is second to none in our industry. Whenever, myself or my other mechanics have a problem, they can call Mike night or day and he will assist them.

Mike has always been my backup in the elevator industry. He is also my personal friend and I would recommend Mike for any position he may seek.

I have attended QEI classes and training with Mike. I also know that he holds a QEI card Indiana and Michigan Mechanic's License. Mike is an asset to me, Otis Elevator Company and the entire Elevator Industry.

Should you have any questions or require further information, please call me.

Yours very truly,

OTIS ELEVATOR COMPANY

Fred Stickovich
Manager
FS:dss

4/11/2011

NOTE: It would be difficult to change anything in my letter written on February 23, 2011. Since writing my original letter, I know Mike has taken the Michigan Competency test and passed, confirming his knowledge of the Elevator Industry. Mike has performed in all phases of our industry-construction, modernization, repair, adjusting, maintenance and some additions, such as Hugs, security systems, etc...that only Mike could perform. I highly recommend Mike for a Michigan Contractors License.

Fred Stickovich
Manager
Otis Elevator Company