



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF CONSTRUCTION CODES
IRVIN J. POKE
DIRECTOR

STEVEN H. HILFINGER
DIRECTOR

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

AGENDA

November 4, 2011
9:30 a.m.

1. Call to Order and Determination of Quorum
2. Approval of Agenda (Pages 1-2)
3. Approval of Minutes – August 26, 2011 (Pages 3-6)
4. Review of Elevator Contractor License Examination Applications:
 - a. James Howard, Class C (Pages 7-10)
 - b. Michael Kinsella, Class C (Pages 11-14)
 - c. Barry Mol, Class A (Pages 15-19)
 - d. William J. Munch, Class A, Re-Exam (Pages 20-23)
 - e. Sean Patrick Mullett, Class A, Re-Exam (Pages 24-27)
 - f. Douglas E. Priehs, Class A, Re-Exam (Pages 28-31)
5. Review of Elevator Certificate of Competency Examination Applications:
 - a. Dwight C. Govan, General Inspector (Pages 32-47)
6. Waiver Requests

None

Providing for Michigan's Safety in the Built Environment

LARA is an equal opportunity employer
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
P.O. BOX 30254 • LANSING, MICHIGAN 48909
www.michigan.gov/bcc • Telephone (517) 241-9302 • Fax (517) 241-9570

7. Unfinished Business

- a. University of Michigan, Generator testing report
- b. Committee to review Inclined Elevator for application in commercial use.
- c. Mr. Jon Helmuth's Journeyman Examination Application

8. Legislative Update

9. Division Report

- a. Chief's Report - Cal Rogler
- b. Accident Report

10. New Business

11. Public Comment

12. Adjournment

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.



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

MINUTES
August 26, 2011
9:30 a.m.

MEMBERS PRESENT

Mr. David Flint, Chair
Mr. Eric Thomas
Ms. Erin C. Modiano
Mr. William J. Kogelschatz
Mr. Donald J. Purdie, Jr.
Mr. Antwane M. Maddox
Mr. David Taylor

MEMBERS ABSENT

Mr. George Svinicki
Mr. David Kuras
Mr. Mark A. Smith

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS PERSONNEL

ATTENDING

Mr. Calvin Rogler, Chief, Elevator Safety Division
Ms. Lynn Weston – Office Supervisor, Elevator Safety Division
Ms. Laurie Bass – Department Analyst, Elevator Safety Division
Mr. Keith Lambert – Deputy Director, BCC

OTHERS IN ATTENDANCE

Mr. William J. Munch – Contractor Exam Applicant
Mr. Douglas E. Priehs – Contractor Exam Applicant
Mr. Russ Hammond – Ellenwood Landing Estates Condominiums
Mr. Robert Thrun - Ellenwood Landing Estates Condominiums
Mr. Eric Peterson – American Accessibility Tech
Mr. Pete Long – Schindler Elevator Corporation
Mr. Michael A. Ross – Ogné, Alberts & Stuart, PC
Mr. Shane Napper – Rockford Construction Company, Inc.
Mr. Kurt Hassberger – Rockford Construction Company, Inc.
Mr. Paul Pawlowski – Schindler Elevator Corporation
Mr. Jon Helmuth – Journeyman Exam Applicant
Mr. Vincent Robibero – Schindler Elevator Corporation
Mr. Brad Baker – Schindler Elevator Corporation

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

Chairperson Flint 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 William Kogelschatz and supported by Board member Erin Modiano to approve the agenda. **MOTION CARRIED.**

3. **APPROVAL OF MINUTES**

A **MOTION** was made by Board member William Kogelschatz and supported by Board member Erin Modiano to approve the minutes of the June 10, 2011 meeting. **MOTION CARRIED.**

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

- a. Mr. Douglas E. Priehs
- b. Mr. William J. Munch

Following a review of experience and discussion by the board, a **MOTION** was made by Board member William Kogelschatz and supported by Board member Donald J. Purdie, Jr. 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 Antwane M. Maddox to approve William Munch to take the Class A Contractor examination. **MOTION CARRIED.**

5. **EXAMINATIONS**

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

6. **WAIVER REQUESTS**

- a. **Ellenwood Landing Estates Condominium Association.**

A **MOTION** was made by Board member William Kogelschatz and supported by Board member David Taylor to deny this request. The elevators located at Ellenwood Landing Estates will retain their current classification. **MOTION CARRIED**

b. Rockford Construction Company, Inc.

A **MOTION** was made by Board member David Taylor and supported by Board member William Kogleschatz to approve the variance which will allow a 4' 0" pit in lieu of a 5'0" pit on the condition that the testing results for the unintended car movement clearly show the stopping distance to be 36" or less. The testing results shall be provided by Otis Elevator Company to the Elevator Safety Division for review prior to the application for an installation permit. **MOTION CARRIED**

c. Schindler Elevator Corporation

A **MOTION** was made by Board member Donald J. Purdie, Jr. and supported by David Taylor to allow the use of 6mm Governor Rope with proper markings on terminations, following requirements established by ASME A17.1. **MOTION CARRIED**

A **MOTION** was made by Board member William Kogleschatz and supported by Board member David Taylor to allow the variance on Suspension Traction Media (STM) Elastomeric Coated Steel Suspension and their Connections based on review of the impact of freezing temperatures down to -25 degrees Fahrenheit. The Elevator Safety Board approved the installation of up to a maximum of two elevators using STM's for review by the Elevator Safety Division. Schindler Elevator Corporation will make any modifications deemed necessary by the Division at that time. **MOTION CARRIED**

7. OLD BUSINESS

- a. **U of M Generator Testing report** – Division Chief Cal Rogler indicated that the testing is still in progress and should be completed by the November 4th, 2011 board meeting.
- b. **Committee to review Inclined Elevator for application in commercial use** – Committee Chairman Mr. David Flint indicated that this review is finished and the completion of the committee recommendation is in progress and should be available by the November 4th, 2011 board meeting.

8. LEGISLATIVE UPDATE

None.

9. DIVISION REPORT

- a) Chief's report - C. Rogler
- b) Accident report review – No questions from the Board.

10. **NEW BUSINESS**

Review of Mr. Jon Helmuth's application for the Elevator Journeyperson License Examination.

A **MOTION** was made by Board member William Kogelschatz and supported by Board member Eric Thomas to table the discussion regarding the question of Mr. Helmuth's examination application until the next board meeting. Documentation shall be provided to the Division by Mr. Helmuth's supervisors to show cumulative hours worked on elevating devices. The documentation will be included in the next Elevator Safety board meeting packet. **MOTION CARRIED**

Vice Chairperson needed for the Elevator Safety Board - This issue will be added to the agenda and addressed at the November 4, 2011 board meeting.

11. **PUBLIC COMMENT**

Mr. Peterson discussed with the Elevator Safety Board the requirements and regulations for obtaining an Elevator Journeyperson license.

Mr. Kogelschatz expressed concern about information he received which seems to suggest that elevator safety tests are not being performed as required by the Michigan Elevator Rules.

12. **2012 MEETING SCHEDULE**

A **MOTION** was made by William Kogelschatz and supported by Donald J. Purdie, Jr. to approve the proposed 2012 Elevator Safety Board and Examination Schedule. **MOTION CARRIED**

13. **ADJOURNMENT**

A **MOTION** was made by Board member William Kogelschatz and supported by Board member David Taylor to adjourn the meeting at approximately 2:50 p.m. **MOTION CARRIED.**

APPROVED:

Chair, Elevator Safety Board

Date

Application for Elevator Contractor License Examination
Michigan Department of Licensing and Regulatory Affairs

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	9/13/11
<input type="checkbox"/> REJECTED	INITIALS
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	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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IMPORTANT - READ CAREFULLY

- This application must be on file in the office of the Elevator Safety Division, Department of Licensing and Regulatory Affairs, 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.

Tran Info: 183 17079202-1 08/30/11
 Chk#: 105 Amt: \$100.00
 TO: ALLIED STAIRLIFTS

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION? No Yes

APPLICANT INFORMATION

CLASS		
<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C - Device Type <i>SC, VPL, IPL, LWLA, RES</i>
NAME <i>James Howard</i>		SOCIAL SECURITY NUMBER* [REDACTED]
ADDRESS [REDACTED]		TELEPHONE NUMBER (Include Area Code) [REDACTED]
CITY [REDACTED]	STATE <i>MI</i>	ZIP CODE [REDACTED]

COMPANY REPRESENTING

COMPANY NAME <i>2nd Step</i>		
ADDRESS <i>327 Ridgemont</i>		BUSINESS TELEPHONE NUMBER (Include Area Code) <i>586 718 3520</i>
CITY <i>Grosse Pointe Farms</i>	STATE <i>MI</i>	ZIP CODE <i>48236</i>

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 <i>Bruce Lardner</i>			NAME <i>Mike Kinsella</i>		
ADDRESS [REDACTED]			ADDRESS [REDACTED]		
CITY [REDACTED]	STATE <i>MI</i>	ZIP CODE [REDACTED]	CITY [REDACTED]	STATE <i>MI</i>	ZIP CODE [REDACTED]
NAME <i>Larry Anonoff</i>			NAME		
ADDRESS [REDACTED]			ADDRESS		
CITY [REDACTED]	STATE <i>MI</i>	ZIP CODE [REDACTED]	CITY	STATE	ZIP CODE

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

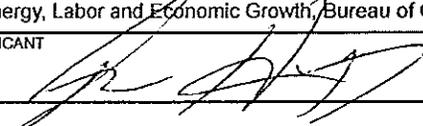
EMPLOYMENT HISTORY - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

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 <i>Bruce Lardner 2nd step</i>			DATES EMPLOYED (Month / Day / Year) FROM: <i>1/1/05</i> TO: <i>present</i>	
ADDRESS <i>327 Ridgemoor</i>	CITY <i>Grosse Pointe Farms</i>	STATE <i>MI</i>		
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) <i>Journeyman</i>		YOUR SUPERVISOR'S NAME AND TITLE <i>Bruce Lardner, Mechanic</i>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>New elevator construction, maintenance, service, repair - LU/LA SC, SCR, VPL, IPL, VPLR, IPLR, RES</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>Hydraulic - Direct and Roped, Winding Drum</i>				
NAME OF PREVIOUS EMPLOYER <i>Larry Aronoff Acton Rental</i>			DATES EMPLOYED (Month / Day / Year) FROM: <i>1/1/05</i> TO: <i>present</i>	
ADDRESS <i>10646 Northend</i>	CITY <i>Ferndale</i>	STATE <i>MI</i>		
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) <i>Apprentice/Journeyman</i>		YOUR SUPERVISOR'S NAME AND TITLE <i>Mike Kinsella, Journeyman</i>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>New installations, IPL, VPL, SC</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>VPL, IPL, screw, hydro, roped hydro</i>				
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year)	
ADDRESS	CITY	STATE	FROM:	TO:
YOUR JOB TITLE (Apprentice, Journeyman, 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 <i>8/29/11</i>

9/10/2011

o o o

2nd Step LLC
327 Ridgemont Rd.
Grosse Pointe Farms, MI 48236

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

To Whom It May Concern

This is a letter of reference for James Howard to take the Class C Elevator Contractor's Test. I have worked with Mr. Howard Since 2005 on all types of Class C elevator equipment, both commercial and residential. This includes service, updates, and new installations.

I am a Class A licensed journeyman and contractor with over 30 years of experience which I believe gives a basis for my ability to judge Mr. Howards' competency and ability. I have found both to be above average.

Thank you for your time and attention in this matter . Should you have any questions please feel free to, contact me at the above address or at 1-586-718-3520.



Bruce V. Lardner

Owner

2nd Step LLC

ACTON RENTAL & SALES COMPANY, INC.

10646 NORTHEND

FERNDALE, MICHIGAN 48220

PHONE: (313) 891-6500 FAX: (248) 545-8222

EMAIL: actonsalesco1234@aol.com

9-7-2011

To Whom It May Concern,

Please accept this letter of reference for James Howard, who has applied to test for an Elevator Contractors License. I have known and worked with Jim since 2005. In this time I have seen transform into a highly skilled and knowledgeable elevator journeymen. His commitment to quality of work and safety make him an excellent candidate to become an elevator contractor. Jim has proven to be a person of honor and integrity .

I am confident that if Jim becomes an elevator contractor he will continue to provide the commitment to quality and safety of work that he has shown in the past. If you have any questions or wish to speak further about Jim please feel free to call me .
313-520-0919

Sincerely,
Michael Kinsella
Acton Rental & Sales Company



Application for Elevator Contractor License Examination
Michigan Department of Licensing and Regulatory Affairs

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	10/05/11
<input type="checkbox"/> REJECTED	INITIALS
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	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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IMPORTANT - READ CAREFULLY

- This application must be on file in the office of the Elevator Safety Division, Department of Licensing and Regulatory Affairs, Bureau of Construction Codes, P.O. Box 30255, Lansing, Michigan, 48909, on or before the twentieth day preceding 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 journey person 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 17142623-1 09/29/11
Chk#: 1386 Amt: \$100.00
ID: ACTION SALES COMPANY

APPLICANT INFORMATION

CLASS		
<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C - Device Type <u>IPL, VPL, SCWED</u>
NAME <u>Michael Kinseffa</u>		SOCIAL SECURITY NUMBER
ADDRESS		TELEPHONE NUMBER (Include Area Code)
CITY	STATE <u>Michigan</u>	ZIP CODE

COMPANY REPRESENTING

COMPANY NAME <u>Action Sales Company</u>		
ADDRESS <u>10646 North End</u>		BUSINESS TELEPHONE NUMBER (Include Area Code) <u>313 891-6500</u>
CITY <u>Ferndale</u>	STATE <u>Michigan</u>	ZIP CODE <u>48220</u>

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, journey person or equivalent.

NAME <u>LARRY ARONOFF</u>			NAME <u>RICK AKERS</u>		
ADDRESS			ADDRESS		
CITY	STATE <u>Michigan</u>	ZIP CODE	CITY	STATE <u>Michigan</u>	ZIP CODE
NAME <u>BRUCE LARDNER</u>			NAME <u>JAMES HOWARD</u>		
ADDRESS			ADDRESS		
CITY	STATE <u>Michigan</u>	ZIP CODE	CITY	STATE <u>Michigan</u>	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 <i>Acton Sales Company</i>			DATES EMPLOYED (Month / Day / Year) FROM: TO: <i>12-15-95 - Present</i>	
ADDRESS <i>10646 North End</i>	CITY <i>Ferndale</i>	STATE <i>Michigan</i>		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <i>Journey Person / Foreman</i>		YOUR SUPERVISOR'S NAME AND TITLE <i>LARRY ARONOFF - OWNER</i>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>SALES, New Construction/Installation, Service and Repair Renovations.</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>Vertical Platform Lifts Hydraulic and Screw Incline Platform Lifts Residential Elevators Hydraulic Winding Drum Stairway Chair Lifts</i>				
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year) FROM: TO:	
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.)				
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year) FROM: TO:	
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 <i>Michael Kirsella</i>	DATE <i>9-23-2011</i>

ACTON RENTAL & SALES COMPANY

**10646 NORTHEND AVENUE
FERDALE, MICHIGAN 48220-2137**

PHONE: 313 891-6500 FAX: 248 545-8222
Email: actonsalesco1234@aol.com

SEPTEMBER 28, 2011

Michigan Department of Labor and Economic Growth
Bureau of Construction Codes and Fire Safety
Elevator Safety Division
Elevator Safety Board
P.O. box 30255
Lansing, Michigan 48909

Attention: C. Rogler, Chief Elevator Inspector

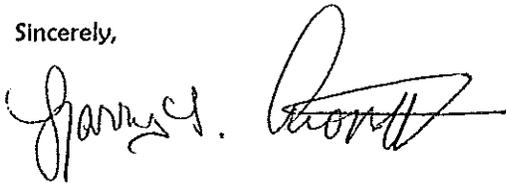
Dear Mr. Rogler:

I have worked with Michael Kinsella since 1995. During that time he has worked on stair way chair lifts, vertical platform lifts and incline platform lifts (commercial and residential), LULAs and residential elevators.

He has a broad knowledge of the complexities inherent in installing the variety of lifts mentioned above. I consider him very well qualified to sit for the Class C Elevator Contractor's exam.

If you have any questions, I can be reached at 313 520-0909 or at the office 313 891-6500.

Sincerely,

A handwritten signature in black ink, appearing to read "Larry L. Aronoff". The signature is fluid and cursive, with a large initial "L" and a long horizontal stroke at the end.

Larry L. Aronoff: Owner
Acton Rental and Sales Company
Class C Elevator Contractor's License

Michigan Department of Labor and Economic Growth

Bureau of Construction Codes and Fire Safety

Elevator Safety Division

Attn., C. Rogler, Chief Elevator Inspector

September 26, 2011

Dear Sir,

Having worked with Michael Kinsella for a number of years on residential elevators, LULA's, stair way chairlifts, vertical platform lifts, and inclined platform lifts (both commercial and residential) I consider him well qualified to sit for the Class C Elevator Contractor's exam.

Please consider this my letter of reference.

Should there be any questions I can be reached quickly at 1-586-718-3520.

Thank you for your time and attention to this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Bruce V. Lardner".

Bruce V. Lardner

Class A Elevator Journeyman

Class A Elevator Contractor

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	10/06/11
<input type="checkbox"/> REJECTED	INITIALS
	C.W.P.
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.
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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 preceding 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.

Trans Info: 17150242-1 09/28/11
Check: 4811 Amt: \$100.00
ID: BARRY M MOL

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 Barry M. Mol		SOCIAL SECURITY NUMBER* [REDACTED]
ADDRESS [REDACTED]		TELEPHONE NUMBER (Include Area Code) [REDACTED]
CITY [REDACTED]	STATE MI	ZIP CODE [REDACTED]

COMPANY REPRESENTING

COMPANY NAME		
ADDRESS 407 WOODS EDGE DRIVE		BUSINESS TELEPHONE NUMBER (Include Area Code) 616-250-1084
CITY HASTINGS	STATE MI	ZIP CODE 49058

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 Paul A. Lytikainen			NAME Tom Kort		
ADDRESS [REDACTED]			ADDRESS [REDACTED]		
CITY [REDACTED]	STATE MI	ZIP CODE [REDACTED]	CITY [REDACTED]	STATE MI	ZIP CODE [REDACTED]
NAME William J. Kogelschatz			NAME		
ADDRESS [REDACTED]			ADDRESS		
CITY [REDACTED]	STATE MI	ZIP CODE [REDACTED]	CITY	STATE	ZIP CODE

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

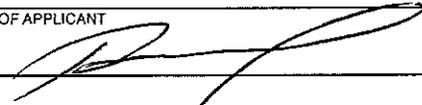
EMPLOYMENT HISTORY - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

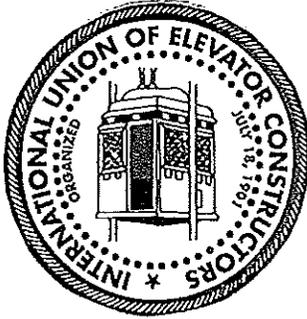
State definitively your qualifying installation and servicing experience on equipment, similar to that for which license is required. Give names and addresses of firms with whom employed, duties, length of service and dates of employment. Present available documentary evidence to substantiate experience.

NAME OF PRESENT OR LAST EMPLOYER Schindler Elevator Corp.			DATES EMPLOYED (Month / Day / Year)		
ADDRESS 4740 TALON CT SE STE 1		CITY Grand Rapids	STATE MI	FROM: 1999	TO: 9/2010
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) Journeyperson / Adjuster			YOUR SUPERVISOR'S NAME AND TITLE Tom Kort Construction Superintendent		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) New Elevator Construction, maintenance, service, repair, Adjusting and testing. Tear outs and Modernization					
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Traction, Hydro, Escalators, Dumbwaiters, wheelchair lifts					
NAME OF PREVIOUS EMPLOYER (Montgomery) KONE			DATES EMPLOYED (Month / Day / Year)		
ADDRESS 5300 CLAY Ave. SW		CITY Grand Rapids	STATE MI	FROM: 1998	TO: 1999
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) Apprentice			YOUR SUPERVISOR'S NAME AND TITLE Jim Baki Construction Super.		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) New Elevator Construction, modernization					
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Hydros, escalators, traction, belted manlifts, Freight					
NAME OF PREVIOUS EMPLOYER Dover Elevator (Thyssen Krupp)			DATES EMPLOYED (Month / Day / Year)		
ADDRESS 3749 Broadmoor SE STE 1		CITY Grand Rapids	STATE MI	FROM: 4-1997	TO: 1998
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) Apprentice			YOUR SUPERVISOR'S NAME AND TITLE Bill Jordan		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) New Elevator Construction, service, maintenance					
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Hydraulic and Traction Elevators					

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 9-29-11



**INTERNATIONAL UNION OF
ELEVATOR CONSTRUCTORS**

AFFILIATED WITH THE AFL-CIO

LOCAL 85

5800 EXECUTIVE DRIVE, LANSING, MI 48911

(517) 882-0100 PHONE

(517) 882-1970 FAX

WILLIAM J. KOGELSCHATZ
BUSINESS MANAGER

February 9, 2011

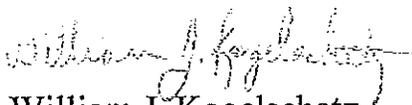
Department of Labor & Economic Growth
Bureau of Construction Codes
P.O. Box 30254
Lansing, Michigan 48909

Attention: Calvin Rogler

This is to inform you that Barry M. Mol is well qualified to take the Contractor's Test. Mr. Mol has been in the elevator trade continually since May 5, 1997 and has continuous experience in service, modernization and maintenance, as well as new elevator installation and construction.

Mr. Mol is very knowledgeable and a highly respected individual. If you have any questions, please feel free to call.

Sincerely


William J. Kogelschatz

WJK/tlv

Schindler Elevator Corporation



February 21, 2011

Michigan Dept. of Energy, Labor & Economic Growth
Bureau of Construction Codes/Elevator Safety Division
P.O. Box 30254
Lansing, MI 48909

Subject: Barry Mol

Dear Elevator Inspection Division:

This letter is to serve as confirmation that Barry Mol worked continuously for eleven (11) years with Schindler Elevator Corp. Barry has worked in the elevator industry for a total of thirteen (13) years starting in 1997. During this time Barry has worked in New Elevator Installation, Construction, Maintenance (Service/Repair), and Modernization.

Based on Barry's work experience I feel he is qualified and should be allowed to take the State of Michigan Elevator Certificate of Competency Exam.

Please do not hesitate to contact me with questions regarding Barry's work history and this recommendation that he be allowed to take this exam.

Sincerely,

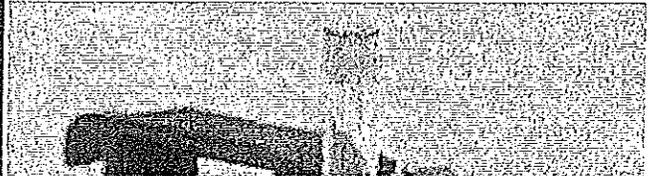
Schindler Elevator Corporation

Paul A. Zytikainen
Area Manager



Barry M. Mol

Journeyman Elevator Installer, Electrician



PROFILE

Certified Journeyman Class A Elevator Mechanic. With 14 years of commercial elevator and escalator experience. Adept in performing electrical and mechanical installations, maintenance and repairs; knowledgeable in all areas of the national electrical code; and excel in analyzing and solving problems with various electrical controls and systems.

KEY SKILLS

- *Electrical Systems & Controls*
- *Installations & Maintenance*
- *Repairs and Troubleshooting*
- *Blueprints & Schematics*
- *Generators & Transformers*
- *Switches & Circuit Breakers*
- *Hydraulic Specialist*
- *Electrical Code*
- *Safety Trained*
- *Wiring Diagrams*
- *Elevator Adjuster*
- *Testing Instruments*
- *Motors & Conduit*

PROFESSIONAL EXPERIENCE

SCHINDLER ELEVATOR CORPORATION

Field Technician/Installer, 1999 to September 2010

Served as Lead Elevator Mechanic on hundreds of installations statewide, from small 2 story churches to 36 story high-rise applications.

Journeyman Elevator Mechanic, 2000 to Present

Key Results:

- Installed, repaired, tested, and adjusted elevator equipment statewide for a large variety of customers
- Installations always completed on time with a variety of interactions with other trades.
- Performed repairs on various systems and equipment, adhering to code requirements.
- Expertise in communication systems cabling, circuitry and wiring for various applications of card reader and security systems.

MONTGOMERY KONE ELEVATOR CORPORATION 1998-1999

DOVER ELEVATOR CORPORATION 1997

PROFESSIONAL EXPERIENCE

(CONTINUED)

TOWN AND COUNTRY ELECTRIC — Zeeland, MI
Apprentice Electrician, 1993 to 1997

Performed electrical-related wiring and installation for commercial and residential construction projects, including new construction, retrofits, remodels and plant expansions.

Key Results.

Earned a reputation for expertise in complex troubleshooting and problem resolution.

Gained extensive experience in analyzing and following manuals, schematic diagrams, blueprints and other specifications.

Mastered the use of measuring/testing instruments such as ammeters, ohmmeters, voltmeters and testing equipment.

Possess hours to sit for Journeyman Exam.

CITY SIGN ERECTORS — Grand Rapids MI
Field Sign Installer, 1991-1993

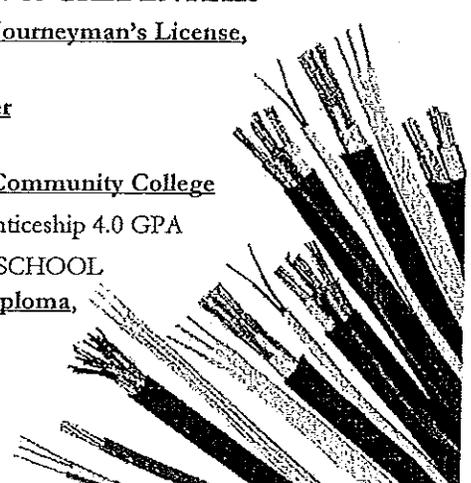
EDUCATION & CREDENTIALS

Elevator State Journeyman's License,
2000

Certified Welder
2008

Grand Rapids Community College
Electrical Apprenticeship 4.0 GPA

EVART HIGH SCHOOL
High School Diploma,
1990



Application for Elevator Contractor License Examination
 Michigan Department of 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	10/12/11
<input type="checkbox"/> REJECTED	INITIALS
BOARD ACTION	DATE
<input type="checkbox"/> APPROVED	C.W.P.
<input type="checkbox"/> REJECTED	

EXAMINATION FEE: \$100.00 (nonrefundable)

Authority: 1957 PA 227	OLEG is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
Completion: Mandatory As Required By Section 12	
Penalty: Examination Will Not Be Given	

IMPORTANT - READ CAREFULLY

- This application must be on file in the office of the Elevator Safety Division, Department of 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 journey person 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 above address.

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION? No Yes

Tran Info: 183 17160400-1 10/07/11
 Chk#: 1761 Amt: \$100.00
 ID: WILLIAM J MUNCH

APPLICANT INFORMATION

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

COMPANY REPRESENTING

COMPANY NAME		
DTE ENERGY		
ADDRESS		BUSINESS TELEPHONE NUMBER (Include Area Code)
3500 E FRONT ST.		(734) - 755-0795
CITY	STATE	ZIP CODE
MONROE	Michigan	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, journey person or equivalent.

NAME			NAME		
DOUG PRIEHS			SEAN MULLETT		
ADDRESS			ADDRESS		
[REDACTED]			[REDACTED]		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
[REDACTED]	Mich	[REDACTED]	[REDACTED]	Mich	[REDACTED]
NAME			NAME		
MICK CRONK			STEVE BYINGTON		
ADDRESS			ADDRESS		
[REDACTED]			[REDACTED]		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
[REDACTED]	Mich	[REDACTED]	[REDACTED]	Mi	[REDACTED]

*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.

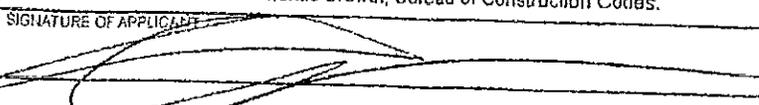
NAME OF PRESENT OR LAST EMPLOYER DTE ENERGY			DATES EMPLOYED (Month / Day / Year)		
ADDRESS 3500 E. FRONT ST		CITY MONROE	STATE Mich	FROM FEB 2008	TO PRESENT
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) JOURNEY PERSON			YOUR SUPERVISOR'S NAME AND TITLE MIKE CRONK - CPE Supervisor		
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 (geared) Hydraulic (direct) Escalators					
NAME OF PREVIOUS EMPLOYER Schindler Elevator			DATES EMPLOYED (Month / Day / Year)		
ADDRESS 28451 Scholcraft Rd		CITY Livonia	STATE Michigan	FROM Aug 1999	TO FEB 2008
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) Apprentice & Journeyman			YOUR SUPERVISOR'S NAME AND TITLE Steve Byington - Construction Supt.		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Construction (Traction, Hydro, Escalators, Dumbwaiters) Maintenance Repair, Service					
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Traction (geared) Hydraulic (direct roped) Escalators Dumbwaiter Machine Ropless geared					
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year)		
ADDRESS		CITY	STATE	FROM	TO
YOUR JOB TITLE (Apprentice, Journeyman, 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 Department of Labor and Economic Growth, Bureau of Construction Codes.

SIGNATURE OF APPLICANT: 

DATE: **10-5-11**

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

DTE Energy

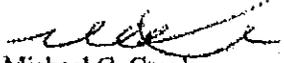


February 14, 2011

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 Journeyman 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.


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



Schindler

Schindler Elevator Corporation

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 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	10/3/11
<input type="checkbox"/> REJECTED	INITIALS
BOARD ACTION	CWR
<input type="checkbox"/> APPROVED	
<input type="checkbox"/> REJECTED	

EXAMINATION FEE: \$100.00 (nonrefundable)

Authority: 1957 PA 227	DLEG is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
Completion: Mandatory As Required By Section 12	
Penalty: Examination Will Not Be Given	

IMPORTANT - READ CAREFULLY

- This application must be on file in the office of the Elevator Safety Division, Department of Labor & Economic Growth, Bureau of Construction Codes, P.O. Box 30255, Lansing, Michigan, 48909, on or before the twentieth day preceding 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 journey person 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 above address.

Tran Info: 183 16972588-1 06/30/11
 STATE: 4825 Amt: \$100.00
 ID: SEAN MULLETT

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION? No Yes

APPLICANT INFORMATION

CLASS		
<input checked="" type="checkbox"/> A CONTRACTORS	<input type="checkbox"/> B	<input type="checkbox"/> C - Device Type <u>CONTRACTOR</u>
NAME <u>SEAN PATRICK MULLETT</u>		SOCIAL SECURITY NUMBER* [REDACTED]
ADDRESS [REDACTED]		TELEPHONE NUMBER (include Area Code) [REDACTED]
CITY [REDACTED]	STATE <u>MI</u>	ZIP CODE [REDACTED]

COMPANY REPRESENTING

COMPANY NAME <u>DETROIT EDISON</u>		
ADDRESS <u>4901 POINTE DV.</u>		BUSINESS TELEPHONE NUMBER (include Area Code) <u>1-810-326-6133</u>
CITY <u>EAST CHINA TWP.</u>	STATE <u>MI</u>	ZIP CODE <u>48054</u>

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, journey person or equivalent.

NAME <u>GREGORY RATOBYLSKI</u>			NAME <u>DOUG PRIEN S</u>		
ADDRESS [REDACTED]			ADDRESS [REDACTED]		
CITY [REDACTED]	STATE <u>MI</u>	ZIP CODE [REDACTED]	CITY [REDACTED]	STATE <u>MI</u>	ZIP CODE [REDACTED]
NAME <u>JAMES DAVIS</u>			NAME <u>JEFF SEXTON</u>		
ADDRESS [REDACTED]			ADDRESS [REDACTED]		
CITY [REDACTED]	STATE <u>MI</u>	ZIP CODE [REDACTED]	CITY [REDACTED]	STATE <u>MI</u>	ZIP CODE [REDACTED]

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

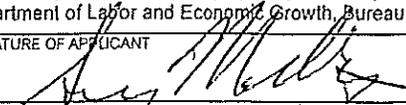
EMPLOYMENT HISTORY - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

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 DETROIT EDISON			DATES EMPLOYED (Month / Day / Year) FROM: TO: 1.5.08 PRESENT	
ADDRESS 4901 POINTE DV.	CITY EAST CHINA	STATE Mi		
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) JOURNEYPERSON		YOUR SUPERVISOR'S NAME AND TITLE MIKE KRONC		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) MAINT. SERVICE & REPAIR				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) ALL THE ABOVE				
NAME OF PREVIOUS EMPLOYER THYSSENKRUPP ELEV. CO.			DATES EMPLOYED (Month / Day / Year) FROM: TO: AUG 2003 / DEC 2007	
ADDRESS 35482 INDUSTRIAL DV.	CITY LIVONIA	STATE Mi		
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) JOURNEYPERSON / ADJUSTER		YOUR SUPERVISOR'S NAME AND TITLE ROD KERNS / DAVE TAYLOR		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) ALL THE ABOVE				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) ALL THE ABOVE				
NAME OF PREVIOUS EMPLOYER AMTECH ELEV. CO.			DATES EMPLOYED (Month / Day / Year) FROM: TO: DEC. 1999 / AUG 2003	
ADDRESS 99 W. WILLIS	CITY DETROIT	STATE Mi		
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) JOURNEYPERSON, FOREMAN		YOUR SUPERVISOR'S NAME AND TITLE ERIC PIERSON		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) ALL THE ABOVE				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) ALL THE ABOVE				

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 Labor and Economic Growth, Bureau of Construction Codes.	
SIGNATURE OF APPLICANT 	DATE 04/12/2011

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

DTE Energy



January 13, 2011

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 Sean Mullett at DTE Energy. Sean's Class A State of Michigan Elevator Journeyman license number is #220486. Sean has worked as a State of Michigan Elevator Journeyman at DTE Energy since February 4, 2008. Sean 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.

Gregory Ratojlski
GREGORY RATOJLSKI

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

DTE Energy



January 13, 2011

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 Sean Mullett at DTE Energy. Sean's Class A State of Michigan Elevator Journeyman license number is # #220486. Sean has worked as a State of Michigan Elevator Journeyperson at DTE Energy since February 4, 2008. Sean 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 'JEFFREY SEXTON'. The signature is stylized with a large loop on the left and a horizontal line extending to the right.

JEFFREY SEXTON

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	10/12/11
<input type="checkbox"/> REJECTED	INITIALS
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

Tran Info: 183 17162699-1 10/10/11
CHK#: 5308 Amt: \$100.00
ID: DOUGLAS E 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 [REDACTED]	STATE MI	ZIP CODE [REDACTED]

COMPANY REPRESENTING

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

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 [REDACTED]	STATE MI	ZIP CODE [REDACTED]	CITY [REDACTED]	STATE MI	ZIP CODE [REDACTED]
NAME Matthew Miska			NAME Brenda Mullett		
ADDRESS [REDACTED]			ADDRESS [REDACTED]		
CITY [REDACTED]	STATE MI	ZIP CODE [REDACTED]	CITY [REDACTED]	STATE MI	ZIP CODE [REDACTED]

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

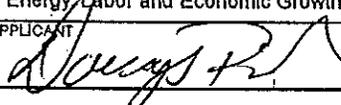
EMPLOYMENT HISTORY - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

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
			FROM: 2/8/08	TO: Present
YOUR JOB TITLE (Apprentice, Journeyman, 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
			FROM: 7/7/03	TO: 2/5/08
YOUR JOB TITLE (Apprentice, Journeyman, 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
			FROM: 1/20/97	TO: 7/1/03
YOUR JOB TITLE (Apprentice, Journeyman, 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 10.3.11

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

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

Application for Elevator Certificate of Competency Examination
 Michigan Department of Licensing and Regulatory Affairs
 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: \$50.00 (nonrefundable)

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

- This application must be on file in the office of the Elevator Safety Division, Department of Licensing and Regulatory Affairs, Bureau of Construction Codes, P.O. Box 30255, Lansing, Michigan, 48909, on or before the twentieth day proceeding the date of the examination.
- Examinations will be held at location and on dates designated by the Elevator Safety Board in accordance with 1967 PA 227.
- General inspector applicants must have 3 years of experience in elevator construction. Special inspector applicants must have 3 years of experience in designing, installing, maintaining or inspecting elevators.
- Applicant shall record his/her formal education and names of his/her previous employers, date of employment and type of work performed.
- Provide a written reference from one or more previous employers certifying the applicant's character and experience.
- 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 above address.

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION? No Yes

APPLICANT INFORMATION

TYPE <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
NAME Dwight C, Govan		SOCIAL SECURITY NUMBER [REDACTED]	
ADDRESS [REDACTED]		TELEPHONE NUMBER (Include Area Code) [REDACTED]	
CITY [REDACTED]	STATE Mich	ZIP CODE [REDACTED]	
Do you currently hold an elevator contractor license? <input type="checkbox"/> No <input type="checkbox"/> Yes		Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	License No. _____
Do you currently hold an elevator journeyman license? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		Class <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	2200254

EDUCATION AND TRAINING

CHECK THE HIGHEST GRADE COMPLETED <input type="checkbox"/> 6 or Less <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input checked="" type="checkbox"/> 12	
DID YOU GRADUATE? <input checked="" type="checkbox"/> Yes, Year 1968 <input type="checkbox"/> No	IF YOU HAVE NOT COMPLETED HIGH SCHOOL, HAVE YOU TAKEN THE G.E.D. TEST TO EARN HIGH SCHOOL EQUIVALENCY? <input type="checkbox"/> Yes <input type="checkbox"/> No
HIGH SCHOOL Cass Tech, 2421 Second, Det. Mich.	
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) Wayne State University (Attended)	
SPECIAL TRAINING Tran Info: 183 17153495-1 10/03/11 Chk#: CASH Amt: \$50.00 ID: DWIGHT GOVAN	

*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 Thyssen Krupp			DATES EMPLOYED (Month / Day / Year) FROM: 8-14-02 TO: 10-29-10	
ADDRESS 35432 Industrial Road	CITY Livonia	STATE Mich		
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) Journeyman		YOUR SUPERVISOR'S NAME AND TITLE Steven Luttrell, Service Superintendent		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Maintenance of the Elevators at W.S.U.				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Traction(Geared and Gearless) Hydraulic(Direct)				
NAME OF PREVIOUS EMPLOYER Haughton-Millar(Schindler)			DATES EMPLOYED (Month / Day / Year) FROM: 9-21-84 TO: 8-14-02	
ADDRESS 28451 Schoolcraft	CITY Livonia	STATE Mich		
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) Journeyman		YOUR SUPERVISOR'S NAME AND TITLE Bob Cheyne, Maintenance		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Maintenance Route, Frist National Bldg. Ameritech, Honeywell				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Traction(Geared and Gearless) Hydraulic(Direct) Escalators				
NAME OF PREVIOUS EMPLOYER Lederman-Schindler			DATES EMPLOYED (Month / Day / Year) FROM: 6-11-84 TO: 9-18-84	
ADDRESS 28451 Schoolcraft	CITY Livonia	STATE Mich		
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) Apprentice		YOUR SUPERVISOR'S NAME AND TITLE Erine Shultz Service		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Assist the Service Mechanics				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Traction(Geared and Gearless) Hydraulic(Direct)				

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.	
SIGNATURE OF APPLICANT	DATE

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 Haughton-Schindler			DATES EMPLOYED (Month / Day / Year) FROM: 514-83 TO: 5-16-84	
ADDRESS 28451 Schoolcraft	CITY Livonia	STATE Mich		
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) Apprentice		YOUR SUPERVISOR'S NAME AND TITLE Charlie Elter, Service		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Assist Mech.in repair				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Traction(Geared and Grealess) Hydraulic(Direct)				
NAME OF PREVIOUS EMPLOYER Lardner			DATES EMPLOYED (Month / Day / Year) FROM: 2-8-83 TO: 3-17-83	
ADDRESS 729 Meldrum	CITY Detroit	STATE Mich		
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) Apprentice		YOUR SUPERVISOR'S NAME AND TITLE Bruce Lardner, owner		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Assist the Mechanic				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Traction(Geared and Gearless) Hydraulic(Direct)				
NAME OF PREVIOUS EMPLOYER Dover-Thyssen Krupp			DATES EMPLOYED (Month / Day / Year) FROM: 8-17-82 TO: 9-21-82	
ADDRESS 35432 Industrial Rd	CITY Livonia	STATE Mich		
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) Apprentice		YOUR SUPERVISOR'S NAME AND TITLE Roy Goodell, Construction		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Assist the Mech.				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Hydraulic (Direct)				

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.	
SIGNATURE OF APPLICANT	DATE

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 Westinghouse-Schindler			DATES EMPLOYED (Month / Day / Year) FROM: 4-30-76 TO: 7-13-82	
ADDRESS 28451 Schoolcraft	CITY Livonia	STATE Mich		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) Apprentice		YOUR SUPERVISOR'S NAME AND TITLE Dick Klida, Construction		
DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Assist the Mechanics				
EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Traction (Geared and Gearless) Hydraulic and Escalators				
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year) FROM: TO:	
ADDRESS	CITY	STATE		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.)		YOUR SUPERVISOR'S NAME AND TITLE		
DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.)				
EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.)				
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year) FROM: TO:	
ADDRESS	CITY	STATE		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.)		YOUR SUPERVISOR'S NAME AND TITLE		
DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.)				
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 official, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

DECLARATION AND SIGNATURE

I declare that all statements are true to the best of my knowledge.

NAME OF APPLICANT	DATE
-------------------	------

[REDACTED]
Detroit, MI 48223

Phone [REDACTED]

Dwight C. Govan

SUMMARY OF QUALIFICATIONS

A highly trained Elevator Journeyman with more than thirty-five years experience in installing, repairing and servicing elevators, escalators, dumbwaiters, and similar equipment in new and old buildings. I possess knowledge of the application and procedure of adopted elevator codes. Over the course of my career, I have performed numerous duties as an apprentice and journeyman.

PROFESSIONAL EXPERIENCE

Thyssen Krupp, Livonia, MI
Journeyman

August 2002 – October 2010

- Responsible for the total maintenance & service of the Wayne State University campus, including establishing & maintaining excellent customer service relations
- Maintained, repaired, and inspected the following types of elevator models: Westinghouse - Geared; Otis - Gearless; Dover - Geared, Hydraulics; Montgomery - Geared; Haughton's - Geared; Letterman's - Hydraulics; & Lardner - Hydraulics
- Studied electrical prints to maintain and trouble shoot equipment
- Used test equipment to locate malfunction in brakes, motor, switches, and signal & control systems
- Performed preventative scheduled maintenance, including ordering replacement parts & equipment. Also, performed emergency on-call duties, including removing passengers from elevators

Haughton-Millar, Livonia, MI
Journeyman

September 1984 - August 2002

- Established & maintained excellent customer service relations
- Studied electrical prints to maintain and trouble shoot equipment
- Used test equipment to locate malfunction in brakes, motor, switches, and signal & control systems
- Performed preventative scheduled maintenance, including ordering replacement parts & equipment
- Performed emergency on-call duties, including removing passengers from elevators

Lederman-Schindler, Livonia, MI
Apprentice

May 1983 - September 1984

- Serviced and repaired generator armatures, hoist motor armatures, pump and door motors
- Cleaned hoist ways, escalators, and pits
- Repacked pistons
- Re-cabled elevators

Lardner, Detroit, MI
Apprentice

February 1983 - March 1983

- Repacked pistons

Dover-Thyssen Krupp, Livonia, MI
Apprentice

August 1982 - September 1982

- Installed hydraulic elevators

Westinghouse-Schindler, Livonia, MI
Apprentice

April 1975 - July 1982

- Assisted and installed overhead beams, geared & gearless machines, piped & wired hatch equipment, cabs, door operators, car top equipment, basement machines, escalator truss
- Assembled and installed electric and hydraulic freight and passenger elevators, and dumbwaiters
- Connected electrical wiring to control panels and electric motors
- Scaffold hoist ways and rigged for hoisting

EDUCATION

Certified Elevator Journeyperson

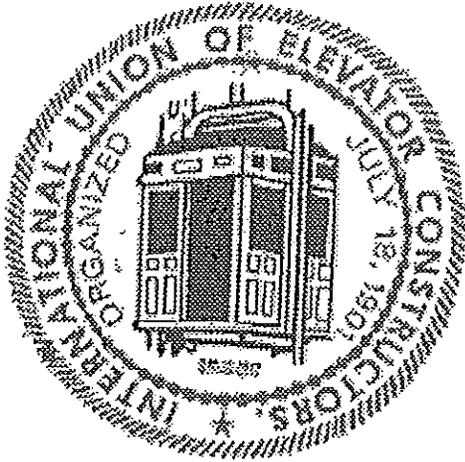
State of Michigan (#2200254)

Wayne State University, Detroit, MI

Attended (1971-1973)

Cass Technical High School, Detroit, MI

High School Diploma (1968)



Work History Report: DWIGHT C. GOVAN

[REDACTED]

[REDACTED]

MI

[REDACTED]

Int'l No: 75287
 Class: MECHANIC
 Start Date: 4/30/1975
 End Date: 12/1/2010

Hired	Laid Off	Quit	Fired	Mechanics	Company	Remarks
4/30/197 75	7/12/1976				WESTINGHOUSE	
7/20/197 76	6/1/1982				WESTINGHOUSE	
6/23/198 82	7/13/1982				WESTINGHOUSE	
8/17/198 82	9/21/1982				DOVER	
2/8/1983 83	3/17/1983				LARDNER	
5/4/1983 83	2/27/1984				HAUGHTON	
3/12/198 84	5/16/1984				HAUGHTON	
6/11/198 84	9/18/1984				LEDERMAN	
9/21/198 84		8/14/2 2002			HAUGHTON/MILLAR	
8/14/200 02	10/29/2010				THYSSEN	

ThyssenKrupp Elevator



This is to certify that Dwight C. Govan has more than 6 years of experience with Thyssen Krupp elevator where he has had practical, hands-on experience in the elevator trade servicing, repairing and testing many makes and models of vertical transportation.

Dwight C. Govan has an industry start date of April 30, 1975 he began his career with Thyssen Krupp on August 14, 2002 and had been under my supervision Steven D. Luttrell since October 1, 2008 where he has competently performed at his trade.

A handwritten signature in black ink that reads "Steven D. Luttrell".

Steven D. Luttrell

Thyssen Krupp Elevator

Service Superintendent

734-953-3734

Application for Elevator Certificate of Competency Examination
Michigan Department of Labor & Economic Growth
Bureau of Construction Codes

183

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	10/12/11
<input type="checkbox"/> REJECTED	INITIALS
BOARD ACTION	DATE
<input type="checkbox"/> APPROVED	
<input type="checkbox"/> REJECTED	

EXAMINATION FEE: \$50.00 (nonrefundable)

Authority: 1967 PA 227 Completion: Mandatory As Required By Section 12 Penalty: Examination Will Not Be Given.	DLEG 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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IMPORTANT - READ CAREFULLY

- This application must be on file in the office of the Elevator Safety Division, Department of Labor & Economic Growth, Bureau of Construction Codes, P.O. Box 30255, Lansing, Michigan, 48909, on or before the twentieth day preceding the date of the examination.
- Examinations will be held at location and on dates designated by the Elevator Safety Board in accordance with 1967 PA 227.
- General inspector applicants must have 3 years of experience in elevator construction. Special inspector applicants must have 3 years of experience in designing, installing, maintaining or inspecting elevators.
- Applicant shall record his/her formal education and names of his/her previous employers, date of employment and type of work performed.
- Provide a written reference from one or more previous employers certifying the applicant's character and experience.
- 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 above address.

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION? No Yes

APPLICANT INFORMATION

TYPE <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
NAME Dwight C. Govan	SOCIAL SECURITY NUMBER [REDACTED]
ADDRESS [REDACTED]	TELEPHONE NUMBER (Include Area Code) [REDACTED]
CITY [REDACTED]	STATE MICH
	ZIP CODE [REDACTED]
Do you currently hold an elevator contractor license? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C License No. _____
Do you currently hold an elevator journeyman license? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C License No. 2200254

EDUCATION AND TRAINING

CHECK THE HIGHEST GRADE COMPLETED <input type="checkbox"/> 6 or Less <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input checked="" type="checkbox"/> 12	
DID YOU GRADUATE? <input checked="" type="checkbox"/> Yes, Year 1968 <input type="checkbox"/> No	IF YOU HAVE NOT COMPLETED HIGH SCHOOL, HAVE YOU TAKEN THE G.E.D. TEST TO EARN HIGH SCHOOL EQUIVALENCY? <input type="checkbox"/> Yes <input type="checkbox"/> No
HIGH SCHOOL CASS TECH DETROIT, MICH	
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) WAYNE STATE UNIVERSITY (ATTENDED 1971-1973)	
SPECIAL TRAINING Dwight C. Govan 10-3-11	

*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 THYSSEN KRUPP			DATES EMPLOYED (Month / Day / Year)	
ADDRESS 35432 INDUSTRIAL			CITY LIVONIA	STATE MICH
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) JOURNEY PERSON			YOUR SUPERVISOR'S NAME AND TITLE STEVEN LUTTRELL	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) MAINTENANCE - RESPONSIBLE FOR THE TOTAL MAINTENANCE & SERVICE OF WAYNE STATE UNIVERSITY CAMPUS.				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) DOVER - GEARED - HYDRDS - OTIS GEARED & GEARLESS WESTINGHOUSE GEARED - HYDRDS - T.K.E GEARED & HYDRDS				
NAME OF PREVIOUS EMPLOYER HAUGHTON - MILLAR			DATES EMPLOYED (Month / Day / Year)	
ADDRESS			CITY LIVONIA	STATE MICH
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) JOURNEY PERSON			YOUR SUPERVISOR'S NAME AND TITLE BOB CHEYNE	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) MAINTENANCE				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) HAUGHTON - GEARED - GEARLESS - HYDRAULICS - ESCALATOR DOVER - GEARED - GEARLESS & HYDRDS - OTIS - GEARED - GEARLESS				
NAME OF PREVIOUS EMPLOYER OTIS ESCALATOR - WESTINGHOUSE			DATES EMPLOYED (Month / Day / Year)	
ADDRESS			CITY	STATE
YOUR JOB TITLE (Apprentice, Journey person, 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.

SIGNATURE OF APPLICANT

Lwright C. Kovan

DATE

10-3-11

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 HAUGHTON - SCHWABLER			DATES EMPLOYED (Month / Day / Year) FROM: 5-14-83 TO: 5-16-84	
ADDRESS 28451 SCHOOLCRAFT		CITY LIVONIA	STATE MICH	
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) APPRENTICE		YOUR SUPERVISOR'S NAME AND TITLE CHARLIE BLTER - SERVICE		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) SERVICE-REPAIR - REMOVE & SENT OUT FOR REPAIRS. SEE ATTACH PAGE GENERATOR (ARMATURES) PUMP MOTORS DOOR MOTORS				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) HAUGHTON - GEARED & GEARLESS - OTIS - GEARED & GEARLESS HAUGHTON & OTIS ESCALATORS. PRESS # 102 5				
NAME OF PREVIOUS EMPLOYER LARDNER			DATES EMPLOYED (Month / Day / Year) FROM: 2-8-83 TO: 3-17-83	
ADDRESS 329 MELORUM		CITY DET	STATE MICH	
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) APPRENTICE		YOUR SUPERVISOR'S NAME AND TITLE BRUCE LARDNER		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) WORK ON FIXTURES, CAB & CONTROLLER CHANGED OVER INSTALL NEW WIRING				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) GEARED OTIS SWIFT CONTROLLER				
NAME OF PREVIOUS EMPLOYER DOVER - THYSSON KRUPP			DATES EMPLOYED (Month / Day / Year) FROM: 8-17-82 TO: 9-21-82	
ADDRESS 35432 INDUSTRIAL		CITY LIVONIA	STATE MICH	
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) APPRENTICE		YOUR SUPERVISOR'S NAME AND TITLE ROY GOODSALL NEW CONSTRUCTION		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) INSTALL NEW HYDRAULIC ELEVATOR.				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) DOVER - HYDRAULICS				

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CERTIFICATION AND SIGNATURE

I certify all statements are true to the best of my knowledge.

SIGNATURE OF APPLICANT Lwright C. Gordon	DATE 10-3-11
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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 WESTINGHOUSE - SCHINDLER			DATES EMPLOYED (Month / Day / Year)		
ADDRESS		CITY	STATE	FROM: 4-30-75	TO: 7-13-82
LIVONIA		MICH			
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) APPRENTICE			YOUR SUPERVISOR'S NAME AND TITLE DICK KLIDA CONSTRUCTION		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) I WORK WITH HIGHLY & QUALIFIED MECHANICS, THE ATTACH LIST IS A SUMMARY OF THING I DID WITH THEM					
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) WESTINGHOUSE - GEARED; GEARLESS, BASEMENT MACHINES, WESTINGHOUSE - HYDRAULIC (DIRECT)					
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year)		
ADDRESS		CITY	STATE	FROM:	TO:
YOUR JOB TITLE (Apprentice, Journeyman, 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, Journeyman, 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.	
SIGNATURE OF APPLICANT L. Wright C. Kavan	DATE 10-3-11

L. Wright C. Moran -1-
10-3-11

WESTINGHOUSE SCHINDLER 4-30-75 - 7-13-82

THE MAIN BODY OF WORK I DID WAS WITH WESTINGHOUSE. HERE IS SUMMARY OF SOME OF JOBS I DID WHILE I WAS A APPRENTICE.

UNLOADING OF TRUCKS ON THE INTIAL DELIVERY TO JOB SITE
DROP PLUMB LINES AND SET TARGETS FOR RAIL ALIGNMENT
BUILD FALSE CARS.
INSTALL RAIL BRACKETS
RIG FOR RAILS & OTHER EQUIPMENT
INSTALL AND ALIGN RAILS
INSTALL MACHINE ROOM COMPONENTS;
SET OVERHEAD MACHINE BEAMS & SHEAVES
PIPE & WIRE CONTROLLER, STATER PANELS
DISPATCH, GENERATOR, HOIST - MOTORS
PUMP MOTOR (HYDRO) GOVENDRS ETC,
ROPE THE CAR SLING TO COUNTERWEIGHT CAR
BUILD CAR SLING - (SAFETY - PLANK, SIDE STILES
CROSSED)
INSTALL HATCH DOORS
INSTALL HATCH EQUIPMENT - (SWITCHES
CAMS. AND LIMITS
INSTALL PIT EQUIPMENT -
INSTALL & WIRE DOOR LOCKS - DOOR
HARDWARE - PUSH BUTTONS, DIRECTION ARROWS
INSTALL CAB DOOR OPERATOR - CAR TOP
EQUIPMENT ~~W~~ PIPE AND WIRE SAME
WIRE HATCH FUNCTION, TOP GAURD AND CAR
STATION BOXES

- 2 -

WESTINGHOUSE - SCHINDLER 4-30-75 - 7-13-82

I HAVE CABLE BOTH NEW INSTALLATION
AND REROPE JOB.

INSTALL TRAIL CORDS

MODERNIZATION (MODS)

REMOVE OLD EQUIPMENT PER (SPEC)
CABS, CAR SLINGS, SHEAVES, AND MACHINE
ROOM COMPONENTS

INSTALL NEW EQUIPMENT AND FIXTURES

HYDRAULIC ELEVATOR

DUG THE HOLE FOR PISTON

INSTALL THE CASING & PISTON

PIPED THE OIL LINE FROM PUMP TO PISTON

Dwight C. Moran

10-3-11

SHEET # H-5

HAUGHTON-SCHINDLER 5-14-83 TO 5-16-84 (CONT)

REPACK HYDRO PISTON

REPAIR DAMAGE HOISTWAY DOORS & REHANG SAME

REPLACE OR REPAIR DOOR LOCKS (PASS & FREIGHT)

REPLACE FREIGHT DOOR MOTORS

REPLACE HOIST ROPES

REPLACE STEP THREADS & COMP TEETH ON
ESCALATORS

CLEAN - HOISTWAYS AND PITS

Wright C. Movan

10-3-11

MAINTENANCE

Since 1986 I have been a Maintenance Mechanic. I have been responsible for maintenance of routes, that included the following equipment.

Elevators- Geared and Gearless machines, jobs with Generators and some with DC drive.

Escalators, Dumbwaiters, Hydraulic Controllers with relay logic and some with solid state. I have been on call for 24 hrs emergency response during the week and weekends.

My duties as a Maintenance Mechanic includes some of These Task. ESCALATOR - VISUALLY INSPECT UNIT. REPLACE BROKEN COMB TEETH. REPLACE BROKEN STEP THREADS. LUBE UNIT,

Ride the elevator and insure the quality of the ride and stops. Check the operation of the doors.

Check the buttons in the car and hallways for illumination and damage. Replace any parts as needed in the cab/hallways.

Test phones and alarms in car.
Make sure safe-edges door screen work properly.

Car Tops- Check door ~~motor~~ ^{MOTORS,} belts linkage are improper working replace as necessary, keep clean car tops, inspect all equipment accesable from car top, lube as needed sheaves, and door equipment per company recomended schedule.

Pit Area- Keep clean, check equipment for excessive wear or damage Empty any oil reservoir.

Machine Rooms- Check for visual wear in the controller, inspect the operation of hoist motor, brakes generators etc. replace brushes as needed. Log in on maintenance charts of task performed. Report to customer of my finding and their concerns. Get ticket sign for conformation.

ESCALATOR CHECK FOR any visual damage. check operation of stop switches. Check start up of unit replace any broken or worn, comb teeth and step threads. Perform task per manufators requirements. Log in on maintenance ^{CHART} task performed, report to customer of any concerns, get work ticket sign for conformation.

Established & maintained excellent customer service relations
Studied electrical prints to maintain and trouble shoot equipment
Used test equipment to locate malfunction in brakes, motor, switches, and signal & control systems
Performed preventative scheduled maintenance, including ordering replacement parts & equipment
Performed emergency on-call duties, including removing passengers from elevators

Dwight C. Kovan
10-3-11