

**Change of a Qualifying Master Electrician/Fire Alarm Specialty Technician/Sign Specialist
on a Contractor's License**

Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes / Electrical Division
P.O. Box 30255, Lansing, MI 48909
517-241-9320
E-Mail: bccelec@michigan.gov
www.michigan.gov/bcc

Agency Use Only

Fee: \$30.00

Authority: 1956 PA 217
Penalty: Failure to provide the information may result in denial of your request.

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

Instructions:

- Enclose a check made payable to the **State of Michigan**.
- Mail completed application and payment to the address listed above.

PLEASE READ CAREFULLY

Pursuant to the requirements of the Electrical Administrative Act (1956 PA 217) and the Electrical Administrative Board General Rules your signature on this form acknowledges your understanding of all laws and rules as it pertains to electrical contracting in the state of Michigan. The applicable laws and rules include, but are not limited to, the Electrical Administrative Act (1956 PA 217), the Electrical Administrative Board General Rules, the Michigan Electrical Code Rules Part 8 and the Stille-DeRossett-Hale Single State Construction Code Act (1972 PA 230). **The signature of the contractor of record and the qualifying master electrician, fire alarm specialty technician or sign specialist is required to process the requested changes. The contractor of record and the qualifying individual shall notify the board within 10 business days of any changes in the employment status of the qualifying individual.**

Qualifying Master Electrician/Fire Alarm Specialty Technician/Sign Specialist

I _____ shall be a full-time employee of _____
(Printed Name of Qualifying Individual) (Company)

shall be actively in charge of and responsible for code compliance of all installations of electrical or fire alarm wiring and equipment, or the installations, maintenance, connection, and repair of electric signs, do not represent any other person, firm or corporation as its master electrician, fire alarm specialty technician or sign specialist and do not represent any other person, firm, or corporation as the licensee in a business or industrial setting.

Signature of Qualifying Individual - signature MUST be notarized

I certify I have read and understand the above information. I also certify the information provided is true and accurate to the best of my ability. I understand falsification of any statement is cause for rejection of application or revocation of license, if issued.

SIGNATURE OF QUALIFYING INDIVIDUAL	DATE	LICENSE NUMBER
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Subscribed and sworn before me, this ____ day of _____, 20____,
a Notary Public in and for _____ County, Michigan.
Signature of Notary Public _____
My Commission expires: _____

Signature of Contractor of Record - signature does NOT need to be notarized

I certify I have read and understand the above information. I also certify the information provided is true and accurate to the best of my ability. I understand falsification of any statement is cause for rejection of application or revocation of license, if issued.

PRINTED NAME OF CONTRACTOR OF RECORD	LICENSE NUMBER
SIGNATURE OF CONTRACTOR OF RECORD	DATE