

**Application for Electrical/Fire Alarm/Sign Contractor Examination or Re-examination**

Michigan Department of Licensing and Regulatory Affairs  
Bureau of Construction Codes / Electrical Division  
P.O. Box 30254, Lansing, MI 48909  
517-241-9320  
www.michigan.gov/bcc

Agency Use Only

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Request for veterans exemption (Copy of DD-214 or DD-215 enclosed)

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.

Note: In accordance with 2012 PA 313, any veteran providing satisfactory proof of separation from the armed forces of the United States under "honorable" or "general under honorable conditions" is exempt from registration, licensing and examination fees. For consideration, please attach a copy of either a DD-214, and/or DD-215 to your application. You may email your application and documentation to [bccelec@michigan.gov](mailto:bccelec@michigan.gov) if you are requesting a veterans exemption only.

**NOTICE: ONCE YOUR APPLICATION IS APPROVED YOU WILL BE NOTIFIED BY A THIRD PARTY TESTING AGENCY (PSI) WITH INSTRUCTIONS ON HOW TO SCHEDULE YOUR EXAMINATION. ALL EXAMINATION FEES WILL BE PAID TO PSI AT THAT TIME. PLEASE DO NOT SEND PAYMENT TO THE STATE OF MICHIGAN.**

**Applicant Information**

NAME (Last Name, First Name, Middle Initial)			LAST 4 DIGITS OF SOCIAL SECURITY NUMBER XXX-XX-	
ADDRESS		CITY	TOWNSHIP	
STATE	ZIP CODE	E-MAIL		TELEPHONE NUMBER (Include Area Code)

**Current Status**

Have you ever held an electrical/fire alarm/sign contractor license in Michigan?  Yes  No

Contractor License No. \_\_\_\_\_

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.

**License Type Requested**

INDICATE THE LICENSE TYPE YOU WILL BE APPLYING FOR UPON SUCCESSFULLY PASSING THE CONTRACTOR EXAMINATION

Electrical Contractor       Fire Alarm Contractor       Sign Contractor       Facility Electrical Contractor  
(factory, schools, hospital, etc.)

**Certification and Signature**

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

APPLICANT'S SIGNATURE

DATE