



RICK SNYDER
GOVERNOR

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

STEVE ARWOOD
ACTING DIRECTOR

ELEVATOR SAFETY BOARD
Conference Room 3, First Floor
2501 Woodlake Circle
Okemos, MI 48864

AGENDA

January 18, 2013
9:30 a.m.

1. Call to Order and Determination of Quorum
2. Approval of Agenda (Pages 1-2)
3. Approval of Minutes – November 2, 2012 (Pages 3-8)
4. Review of Elevator Journeyman Examination Applications:
 - a. Charles Brent Bennett, Class C, (Pages 9-12)
5. Review of Elevator Contractor Examination Applications:
 - a. Jeffery L. Jameson, Class A, (Pages 13-17)
 - b. Sean Patrick Mullett, Class A, (Pages 18-26)
 - c. Raymond Yetter, Class A, (Pages 27-34)
6. Review of Elevator Certificate of Competency Examination Applications:
 - a. Danny Neville II, General Inspector (Pages 35-39)
 - b. Douglas E. Priehs, General Inspector (Pages 40-44)
 - c. Clint Shepley, General Inspector (Pages 45-47)
7. Waiver Requests
 - a. Schindler Elevator Corporation, Spectrum Health, Butterworth Hospital, 101 Michigan Ave., Grand Rapids, Michigan (Pages 48-56)
 - b. Kone Inc., 11864 Belden Court, Livonia, Michigan (Pages 57-59)

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

8. Unfinished Business

- a. Otis Elevator Company, GM Powertrain, 895 Joslyn Rd., Pontiac, Michigan

9. Legislative Update

10. Division Report

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

11. New Business

12. Public Comment

13. Next Meeting Date – March 22, 2013

14. Adjournment



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

STEVEN H. HILFINGER
DIRECTOR

ELEVATOR SAFETY BOARD
Conference Room 3, First Floor
2501 Woodlake Circle
Okemos, Michigan 48864

MINUTES
November 02, 2012
9:30 a.m.

MEMBERS PRESENT

Mr. David Flint, Chair
Mr. David Kuras, Vice Chair
Ms. Erin C. Modiano
Mr. William J. Kogelschatz
Mr. Donald J. Purdie, Jr.
Mr. David Taylor

MEMBERS ABSENT

Mr. Mark A. Smith
Mr. Eric Thomas
Mr. George Svinicki
Mr. Antwane Maddox

DEPARTMENT 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. Michael A. Ross - Schindler Elevator Corporation
Mr. Jeff Blain - Schindler Elevator Corporation
Mr. Paul Pawlowski - Schindler Elevator Corporation
Mr. Brian Schmidt - Schindler Elevator Corporation
Mr. Pete Long - Schindler Elevator Corporation
Mr. Don Birdsall - LIFT-U, a division of Hogan Manufacturing Inc.
Mr. Joe McNally - McNally Elevator Co.

1. CALL TO ORDER AND DETERMINATION OF QUORUM

Chairperson Flint called the meeting to order at approximately 10:02 a.m. A quorum was determined present at that time.

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2. **APPROVAL OF AGENDA**

A **MOTION** was made by Board member David Kuras and seconded by Board member William Kogelschatz to approve the agenda. **MOTION CARRIED.**

3. **APPROVAL OF MINUTES**

A **MOTION** was made by Board member William Kogelschatz and seconded by Board member David Kuras to approve the minutes of the June 08, 2012 meeting. **MOTION CARRIED**

4. **REVIEW OF ELEVATOR CONTRACTOR APPLICATIONS**

a. Jeffery L. Jameson, Class A

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

b. John B. Mastrantonio, Class A

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

c. Brian Matson, Class A

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

d. Sean Patrick Mullett, Class A, Re-Exam

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

e. Danny James Neville II, Class A, Re-Exam

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

f. Steven J. Pierson, Class A

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

g. Douglas E. Priehs, Class A, Re-Exam

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

h. Gregory Ratobylski, Class A

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

i. Dale Ryan, Class C

Following a review of experience and discussion by the board, a **MOTION** was made by Board member William Kogelschatz and seconded by Board member David Kuras to approve Dale Ryan to take the Class C Contractor examination. **MOTION CARRIED**

j. Clint A. Shepley, Class A

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

k. Raymond C. Yetter, Class A

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

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

5. **WAIVER REQUESTS**

a. **LIFT-U, 181 Copperfield Dr., Dayton, OH 45415**

Variance Request: A request has been made by LIFT-U, a Division of Hogan Manufacturing, Inc., for a variance to allow the installation of their AccessStair to be installed at Comstock Park High School, Comstock Park, Michigan.

Following a review of the DVD and documents submitted and a discussion by the board a **MOTION** was made by Board member Donald J. Purdie, Jr and seconded by Board member David Kuras to grant conditional approval for the installation of one AccessStair utilizing the following criteria:

- The letter received from LIFT-U dated July 10, 2012 shall be resubmitted along with the permit application, removing any reference to previous AccessStair devices.
- The AccessStair shall not be granted final approval until all conditions of the Elevator Safety Board and the Elevator Safety Division are met.
- The Manufacturer and/or installer of the device shall assume responsibility for the removal and/or repair if conditions set forth by the board and as reviewed by the division, are not met.

All of the above is contingent on an acceptable inspection by the Elevator Safety Division onsite review. **MOTION CARRIED.**

6. **UNFINISHED BUSINESS**

a. **Otis Elevator Co., GM Powertrain, 895 Joslyn Rd., Pontiac, Michigan**

As there were no representatives from Otis Elevator Co. at the Board meeting to address the issue, by action from the previous meeting it remains postponed.

b. **People's Church, 1758 North 10th St., Kalamazoo, Michigan**

Division Chief Cal Rogler updated the board regarding device approvals pending with the Plumbing Division.

c. **Desman Associates – Eastwood Parking Garage**

Division Chief Cal Rogler updated the board regarding changes to the LED lighting installation. The Board reviewed photographs of the installation with the changes and approved.

d. Schindler Elevator Corporation – Report on 3300 MRL Elevator

After review and discussion by the board regarding placement of disconnects for the Schindler 3300 MRL elevator, a **MOTION** was made by Board member William Kogelschatz and seconded by Board member David Taylor that Schindler Elevator Corporation shall provide the required disconnects within 25 feet of the inspection and test panel door jamb and at the same hoistway landing. The disconnects shall be located in a disconnect panel, dedicated space, or dedicated room intended to be accessed with or without full body entry, and shall be secured so that only the elevator journey person or other qualified personnel can gain access. **MOTION CARRIED.**

7. LEGISLATIVE UPDATE

Deputy Director Keith Lambert communicated that four bills passed in Public Acts regarding fees for the Bureau. Licensing and testing fees are to be waived for veterans.

8. DIVISION REPORT

a. Chief's report - C. Rogler

b. Accident report review

The board had questions regarding accidents that occurred with elevator serial #'s 16163 and 13061; both of these devices are at the same location. These accidents were reviewed and discussed.

9. NEW BUSINESS

Deputy Director Keith Lambert communicated that the Bureau is considering clarifying requirements regarding documentation of work experience submitted with elevator journey person, contractor and certificate of competency exam applications. He also indicated sworn affidavits from previous employers would be required per statutory language.

10. PUBLIC COMMENT

None

11. 2013 MEETING SCHEDULE A **MOTION was made by Board member David Kuras and seconded by Board member Donald J. Purdie, Jr. to approve the proposed 2013 Elevator Safety Board and Examination Schedule. **MOTION CARRIED.****

12. ADJOURNMENT A **MOTION was made by Board member William Kogelschatz and seconded by Board member David Kuras to adjourn the meeting at approximately 1:56 p.m. **MOTION CARRIED.****

APPROVED: _____
Chair, Elevator Safety Board

_____ Date

DRAFT

Application for Elevator Journeyman 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

<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED	DATE 11-02-12
	INITIALS JAB

EXAMINATION FEE: \$100.00 (nonrefundable)

Authority: 1976 PA 233 Completion: Mandatory As Required By Section 6 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.
- Applicants must have 3 years of continuous experience in the type(s) of elevator work in which they desire to be licensed. A degree in electrical or mechanical engineering may be substituted for 1 year of experience.
- Provide 2 written references.
- Examination applications not properly completed will be rejected.
- The examination fee must accompany this application. Make check or money order payable to the **State of Michigan**.
- Mail completed examination application and fee to address listed above.

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION? No Yes

Trans Info: 180 18096370-1 10/01/12
 CHG. Amt: \$100.00
 ID: CHARLES BENNETT

APPLICANT INFORMATION

CLASS		
<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C - Device Type <u>SC-PL-RES</u>
NAME Charles Brent Bennett	DATE OF BIRTH	SOCIAL SECURITY NUMBER
ADDRESS	TELEPHONE NUMBER (Include Area Code)	
CITY	STATE MI	ZIP CODE

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?		IF YOU HAVE NOT COMPLETED HIGH SCHOOL, HAVE YOU TAKEN THE G.E.D. TEST TO EARN HIGH SCHOOL EQUIVALENCY?	
<input type="checkbox"/> Yes, Year _____ <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
NAME AND ADDRESS OF HIGH SCHOOL			
East Detroit High School 15501 Couzens East Pointe MI 48021			
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE		BACHELORS DEGREE?	
Name _____ Location _____ Date _____		<input type="checkbox"/> Yes, Date _____ <input checked="" type="checkbox"/> No	
		CREDITS EARNED	
		UNDERGRADUATE	GRADUATE
		Term _____	Term _____
		Semester _____	Semester _____
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE		GRADUATE DEGREE	
Name _____ Location _____ Date _____		Date _____	
BUSINESS, CORRESPONDENCE OR TRADE SCHOOLS		MAJOR	
Name _____ Location _____		PROFESSIONAL CERTIFICATION OR LICENSE	
		DATE ATTENDED (Mo-Yr) to (Mo-Yr)	
		TYPE OF CERTIFICATE OR LICENSE AWARDED	

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

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 service and type of work performed, i.e. installation, alteration, maintenance, repair, servicing, inspecting or adjusting of elevator equipment.

NAME Michael Michaels			NAME Frederick Morley		
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
NAME Mark Bosley			NAME		
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

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 Adaptive Environments, Inc			DATES EMPLOYED (Month / Day / Year) FROM: TO: 3-30-2009 - Present		
ADDRESS 43600 Utica Rd	CITY Sterling Heights	STATE MI			
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) Technician		YOUR SUPERVISOR'S NAME AND TITLE Mark Bosley			
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Service & Install residential and commercial stairlifts, vertical platform lifts, inclined platform lifts and residential elevators					
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Geared, traction, roped hydraulic, Acme lead screw					
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.	
SIGNATURE OF APPLICANT <i>Charles Brent Bennett</i>	DATE 10-29-12



October 25, 2012

Michigan Bureau of Construction Codes
Elevator Safety Division
Re: Charles Bennett Journeyperson Application

Dear Mr. Rogler:

Charles Bennett has been working full time for me since March 30, 2009.

I am writing in support of the application to sit for the Class C Journeyperson's examination.

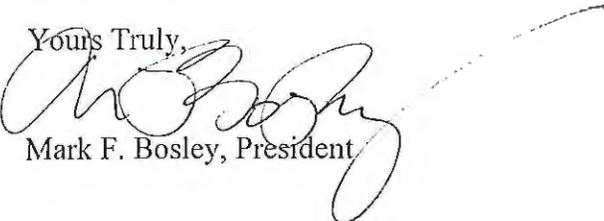
Mr. Bennett's work has involved the installation, maintenance and repair of stair chair lifts, vertical and inclined platform lifts and residential elevators. He has worked in all facets with rack and pinion, screw, winding drum and roped hydraulic machines.

Mr. Bennett is a very competent worker and a very reliable technician.

I feel he would be an asset to our trade as a Licensed Elevator Journeyperson.

If you should have any questions, please let me know.

Yours Truly,


Mark F. Bosley, President



43600 Utica Road • Sterling Heights, MI 48314

586-739-9300 • www.adaptive-environments.com • 586-739-6220 (FAX)



October 25, 2012

Michigan Bureau of Construction Codes
Elevator Safety Division
Re: Charles Bennett Journeyman Application

Dear Elevator Safety Division:

I am writing in support of the application to sit for the Class C Elevator Journeyman's examination by Charles Bennett.

Mr. Bennett has been working with me at Adaptive Environments Inc. full time since March 30, 2009.

Charles has worked extensively on stairway lifts, platform lifts and residential elevators. He also has working knowledge of Code pertaining to these devices. He is careful and conscientious technician whose workmanship is consistently high caliber.

I believe Mr. Bennett should be allowed to sit for the Class C Elevator Journeyman's examination and that he would be an asset to the trade as a Licensed Elevator Journeyman.

Yours Truly,



2201676

Michael Michaels, Journeyman



43600 Ullica Road • Sterling Heights, MI 48314

586-739-9300 • www.adaptive-environments.com • 586-739-6220 (FAX)

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	1.3.13
<input type="checkbox"/> REJECTED	INITIALS
BOARD ACTION	LAB
<input type="checkbox"/> APPROVED	DATE
<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 journeyman in the type of elevator work for which they desire the license.
- Submit 2 written references.
- Examination applications not properly completed will be rejected.
- The examination fee must accompany this application. Make check or money order payable to the State of Michigan.
- Mail completed examination application and fee to address listed above.

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION? No Yes

Form Info: 183 18214803-1 12/31/12
 CHRG: ABL: \$100.00
 TX: RECEIVED LANSING

APPLICANT INFORMATION

CLASS		
<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C - Device Type
NAME <i>Jeffery L. Jameson</i>		SOCIAL SECURITY NUMBER*
ADDRESS		TELEPHONE NUMBER (Include Area Code)
CITY	STATE <i>MI</i>	ZIP CODE

COMPANY REPRESENTING

COMPANY NAME <i>Detroit Edison</i>		
ADDRESS <i>One Energy Plaza</i>		BUSINESS TELEPHONE NUMBER (Include Area Code) <i>734-586-1187</i>
CITY <i>Detroit</i>	STATE <i>MI</i>	ZIP CODE <i>48226</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>Steven Pierson</i>			NAME <i>Michael Grouk</i>		
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
NAME <i>Dave Gubbini</i>			NAME		
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	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>Detroit Edison</i>			DATES EMPLOYED (Month / Day / Year) FROM: <i>02/01/2008</i> TO: <i>Present</i>	
ADDRESS <i>One Energy Plaza</i>	CITY <i>Detroit</i>	STATE <i>MI</i>		
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) <i>Elevator Journey person</i>		YOUR SUPERVISOR'S NAME AND TITLE <i>David Gubbini Maintenance Supervisor</i>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>Maintenance, Service, Repair</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (g geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>Traction G geared & Gearless / Escalators Hydraulic Direct</i>				
NAME OF PREVIOUS EMPLOYER <i>Schindler Elevator</i>			DATES EMPLOYED (Month / Day / Year) FROM: <i>12/29/1999</i> TO: <i>02/01/2008</i>	
ADDRESS <i>28451 Schoolcraft Rd.</i>	CITY <i>Livonia</i>	STATE <i>MI</i>		
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) <i>Start as apprentice work up to Elevator Journey Person</i>		YOUR SUPERVISOR'S NAME AND TITLE <i>Steve Brington Construction Supervisor</i>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>New Construction</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (g geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>Traction G geared, Hydraulic direct & Roped, Escalators</i>				
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year)	
ADDRESS	CITY	STATE	FROM:	TO:
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 (g 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>12-18-12</i>

DTE Energy Company
One Energy Plaza, Suite 230, Detroit, MI 48226-1279

DTE Energy



December 18, 2012

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,

I would like to refer Jeffrey L. Jameson the opportunity to sit for the State of Michigan Elevator Contractor Exam. Steve's Class A State of Michigan Elevator Journeyman license number is # 2200284. I have known Steven for the last 4 1/2 years at DTE and have worked directly with him for the last 4 1/2 years. I can personally attest to Steve Pierson's work skills and work ethics as a DTE Elevator Mechanic.

A handwritten signature in black ink, appearing to read 'Steve Pierson'.

Steven Pierson
DTE Energy
Elevator Journeyman
Journeyman License # 2200316

City of Detroit License #'s:
Journeyman LIC2001-01181

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

DTE Energy



December 18, 2012

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 Jeffrey L. Jameson at DTE Energy. Jeff's Class A State of Michigan Elevator Journeyman license number is # 2200284 . Jeff has worked as a State of Michigan Elevator Journeyperson at DTE Energy since February 4, 2008. Jeff 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 'David L. Gubbini'.

David L. Gubbini
General Supervisor
Fermi 2 Nuclear Plant
6400 North Dixie Hwy.
NOC bldg., room 350
Newport, MI 48166
(734) 586-1187

12-18-2012

Work History Summary

I started in the Elevator trade in October of 1999 with Schindler Elevator. As an Apprentice I work in Construction and during that time I got my State Of Michigan License and City of Detroit License. In Construction I installed traction and hydraulic elevators and escalators. In the fall of 2007 I Past my Mechanic test with Local 17 Detroit and was still working for Schindler Elevator . In February of 2008 I left Schindler and went to work form DTE.

Working at DTE as an Elevator Mechanic . When I started I was at Monroe Power Plant for 1 year . Then I transferred to Fermi 2 Nuclear Power Plant in 2009 and work there still to this day. As I work for DTE my duties are maintenance , service and repair to elevator and escalators .

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	1-8-13
<input type="checkbox"/> REJECTED	INITIALS
BOARD ACTION	LAB
<input type="checkbox"/> APPROVED	DATE
<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.
---	--

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 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.

Tran Info: 183 18229464-1 12/27/12
 CASH: Amt: \$100.00
 ID: SEAN MULLETT

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 <u>Contractors</u>
NAME		SOCIAL SECURITY NUMBER*
<u>SEAN PATRICK MULLETT</u>		
ADDRESS		TELEPHONE NUMBER (Include Area Code)
CITY	STATE	ZIP CODE

COMPANY REPRESENTING

COMPANY NAME		
<u>DETROIT EDISON</u>		
ADDRESS		BUSINESS TELEPHONE NUMBER (Include Area Code)
<u>7901 POINTE DRIVE</u>		<u>1-810-326-6133</u>
CITY	STATE	ZIP CODE
<u>EAST CHINA TWP</u>	<u>MI</u>	<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			NAME		
<u>GREGORY RATOBYLSKI</u>			<u>JAMES M DAVIS</u>		
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
NAME			NAME		
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

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

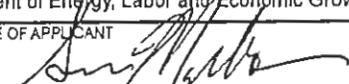
EMPLOYMENT HISTORY - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

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 DETROIT EDISON			DATES EMPLOYED (Month / Day / Year) FROM: TO:	
ADDRESS 4901 POINTE DR.	CITY EAST CHINA	STATE MI 48079	02/05/08 PRESENT	
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) JOURNEYPERSON		YOUR SUPERVISOR'S NAME AND TITLE CHRIS HENDRIX		
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.) ALL THE ABOVE.				
NAME OF PREVIOUS EMPLOYER THYSSENKRUPP ELEVATOR CO.			DATES EMPLOYED (Month / Day / Year) FROM: TO:	
ADDRESS 35432 INDUSTRIAL DR.	CITY LIVONIA	STATE MI	AUG 2003 DEC 2007	
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) JOURNEYPERSON		YOUR SUPERVISOR'S NAME AND TITLE ROD KERN'S CONSTRUCTION SUP.		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) NEW ELEVATOR CONSTRUCTION & ADJUSTING, INSPECTIONS.				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) TRACTION GEARED/GEARLESS, HYDRAULIC, ESC.				
NAME OF PREVIOUS EMPLOYER AMTECH ELEVATOR CO.			DATES EMPLOYED (Month / Day / Year) FROM: TO:	
ADDRESS 99 WEST WILLIS	CITY DETROIT	STATE MI	DEC 1999 AUG 2003	
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) JOURNEYPERSON, FOREMAN		YOUR SUPERVISOR'S NAME AND TITLE ERIC PEIRSON		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) MODS, MAINT SERVICE, REPAIR, ADJ. INSPECTIONS.				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) TRACTION GEARED/GEARLESS, HYDRO'S, ESC.				

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 12-20-12

SEAN P. MULLETT

7150 Big Hand Road

D.L.
State License # 2200486
City of Detroit License # LIC2001-08317
CITY OF DETROIT CONTRACTORS # LIC2012-00110

PROFILE

Superior career in running all facets of elevator service and repair; achieving State of Michigan licensure, October 9, 1992; licensure with the City of Detroit, October 14, 1992. Completion of all modules through the National Elevator Industry's Educational Program out of Local 36.

PROFESSIONAL EXPERIENCE

DETROIT EDISON *FEB 4, 2008 - PRESENT*
ThyssenKrupp Elevator Company August 2003 - *Dec 21, 2007*

Elevator Modernization/Service Work

Primary responsibilities include tear-out, install and adjust hydraulic, geared and gear-less machines. July, 2004 attended National Technical Services Training on hydraulic elevators, TAC-20 Adjuster's Class, Coppell, Texas; TAC 50-04 Traction Adjuster Class, July, 2005, Coppell, Texas; Escalator Installation and Adjusting Class, August, 2006, Atlanta, Georgia.

Amtech Elevator December 1999-August 2003

Elevator Modernization/Service Work

Performance of duties included tear-out, install and adjust hydraulic, geared and gear-less machines. In between modernization work, performed service work on escalators, industrial elevators at various places like Great Lakes Steel, Rouge Steel, Ford Motor Company, all GM plants.

City Elevator Company June 1997 - December 17, 1999

Elevator Modernization/Service Work

Performance of duties included tear-out, install and adjust hydraulic, geared and gear-less machines. Also performed work on belt lifts, handicapped elevators, residential elevators, chair-climbers, platform lifts, sidewalk lifts, and covered maintenance routes when needed.

Otis Elevator Company April 1997 - June 1997

Elevator Service Work

Performed service and maintenance on elevators and escalators.

General Elevator Company January 1994 - April 1997

Elevator Modernization/Service Work and New Installation

General Elevator Company October 1993 - November 1993

Elevator Modernization/Service Work and New Installation

Stanley Elevator Company August 1993 - September 1993

Installation of handicapped elevators

Bateson/Dailey July 1993 - August 1993

Ran outside elevator, performed maintenance on and service work outside AlaMac.

Fuji-Tech April 1993 - April 1993

Elevator Construction

Installed GAL door equipment: sills, fronts, doors, tracks, locks -- single-speed and two-speed side slide and center openings.

General Elevator Company September 1990 - December 1992

Journeyman

Assisted with various adjustors/mechanics on installation and repair of elevators, escalators, moving walks, belt lifts, residentials, platform lifts, stairclimbers and dumbwaiters.

Schindler/Millar

June 1989 - May 1990

Journeyman

Primarily same job duties as above on elevators, escalators, etc.

Montgomery

February 1988 - May 1989

Journeyman

Performed construction work installing elevators from high-rise to two-stops.
Also worked on escalators.

Lederman Elevator

September 1985 - February 1988

Journeyman

Maintenance/Service work on all types of elevators and escalators.

Westinghouse

May 1985 - August 1985

Journeyman

Construction; worked on installation of elevators and escalators.

EDUCATION

National Elevator Industry Education Program May 1985 - Ongoing

Local 36 Branch

- ⇒ Module 1 Introduction of Elevators and Safety
- ⇒ Module 2 Fundamentals of Print Reading
- ⇒ Module 3 Handling Materials & Tools: Rigging and Hoisting
- ⇒ Module 4 Pit Structures
- ⇒ Module 5 Guide Rails
- ⇒ Module 6 Machine Room & Overhead Installation
- ⇒ Module 7 Car & Counterweight Assembly and Roping
- ⇒ Module 8-1 Bask Electricity Probationary Course
- ⇒ Module 8-2 Bask Electricity
- ⇒ Module 11 Construction Wiring
- ⇒ Module 12 Doors and Operators

- ⇒ Module 13 Hydraulics
- ⇒ Module 14 Escalators and Moving Walks
- ⇒ Module CR-03 Customer Relations
- ⇒ Module CT-01 Hydraulic Controller Theory and Troubleshooting
- ⇒ NTS National Technical Services; classes on hydraulic control adjusting.
- ⇒ NTS/ITS National/International Technical Services; classes on Traction Elevators, Controller TAC 50-04
- ⇒ ESC. Escalator Installation and Adjusting.

Garden City High school

September 1980 - June 1984

GOALS

Currently preparing for *COMPETENCY* of State of Michigan Contractor's examination.

References available upon request.

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

DTE Energy



December 19, 2012

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 # 2200486, expiration date 09/2013. Sean has worked as a State of Michigan Elevator Journeyperson at DTE Energy since February of 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 "Christopher W. Hendrix". The signature is fluid and cursive, with a large initial "C" and "H".

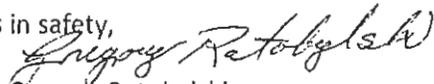
Christopher Hendrix
Supervisor
4901 Point Drive
East China Twp., MI 48150
(810) 326-6132

December 18,2012

To whom it may concern;

I am writing this letter for Sean Mullett. I have worked with Sean for the last two and a half years at DTE energy, as a Crane and Elevator Journeyman. Prior to that I have worked with Sean at Amtech Elevator for three years, where he performed duties as an Elevator Journeyman. Sean is a conscientious, and capable worker, who would carry out the duties of the elevator contractors license in a responsible and diligent manner. Feel free to contact me with any questions or concerns. I can be reached at 313-820-8077.

Yours in safety,



Gregory Ratobylski

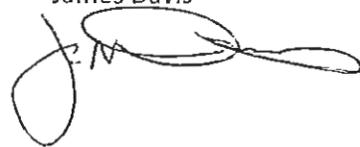
Elevator Journeyman license no.2200256

12-19-2012

This letter is in regards to Sean Mullett being able to take the contractors test . I have worked with Sean for the past five years . I know he is qualified to repair and install any elevator out there . He is also a good leader so he is able to supervise people well . All of the work he does is done with the utmost care . I think he would be a good candidate to sit for the contractors test .

Yours truly

James Davis

A handwritten signature in black ink, appearing to read "J. Davis", written over the printed name "James Davis". The signature is stylized with a large loop on the left and a horizontal stroke on the right.

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	1-8-13
<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	LARA 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

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- 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, \$100.00
- Mail completed examination application and fee to address listed above.

Trans Info: 183 18229398-1 12/27/12
Check # 104
RAYMOND C. YETTER

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 RAYMOND C. YETTER		SOCIAL SECURITY NUMBER
ADDRESS		TELEPHONE NUMBER (Include Area Code)
CITY	STATE	ZIP CODE

COMPANY REPRESENTING

COMPANY NAME D. T. E		
ADDRESS ONE ENERGY PLAZA DR.		BUSINESS TELEPHONE NUMBER (Include Area Code) 313-235-0150
CITY DETROIT	STATE MI.	ZIP CODE 48226

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 JAMES DAVIS			NAME MICHAEL CROOK		
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
NAME MARK SEXTON			NAME		
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

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

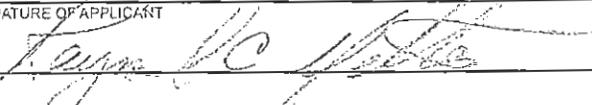
EMPLOYMENT HISTORY - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

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 DTE			DATES EMPLOYED (Month / Day / Year) FROM: 3/6/2000 TO: PRESENT	
ADDRESS ONE ENERGY PLAZA DR.	CITY DETROIT	STATE MI.		
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) ELEVATOR JOURNEY PERSON		YOUR SUPERVISOR'S NAME AND TITLE KEVIN JASON SUPERVISOR		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) MAINTENANCE, SERVICE, REPAIR, ADJUSTING				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) TRACTION GEARED, GEARLESS, HYDRAULIC, ESCALATORS, DUMBWAITERS				
NAME OF PREVIOUS EMPLOYER SCHINDLER ELEVATOR			DATES EMPLOYED (Month / Day / Year) FROM: 1/12/98 TO: 3/3/2000	
ADDRESS 28451 SCHOOLCRAFT	CITY LIVONIA	STATE MI.		
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) ELEVATOR JOURNEY PERSON		YOUR SUPERVISOR'S NAME AND TITLE JOHN BURT SUPERVISOR		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) CONSTRUCTION, MAINTENANCE, SERVICE, REPAIR				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) TRACTION GEARED, GEARLESS, HYDRAULIC, ESCALATORS, DUMBWAITERS, SIDEWALK				
NAME OF PREVIOUS EMPLOYER HUDSON			DATES EMPLOYED (Month / Day / Year) FROM: 5/18/92 TO: 12/11/97	
ADDRESS 21500 NORTHWESTERN HWY	CITY SOUTHFIELD	STATE MI		
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) ELEVATOR JOURNEY PERSON		YOUR SUPERVISOR'S NAME AND TITLE GARY LINSLEY 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, GEARLESS, HYDRAULIC, ESCALATORS, DUMBWAITERS				

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 Licensing and Regulatory Affairs, Bureau of Construction Codes.	
SIGNATURE OF APPLICANT 	DATE 12/20/2012

DOVER ELEVATOR 8/15/91 TO 3/5/92
CONSTRUCTION, ROGER MALLART SUPERVISOR

LARDNER ELEVATOR - SERVICE REPAIR
729 MELDRUM GARY SMITH SUPERVISOR
DETROIT MI. 9/27/88 TO 8/14/91

CADILLAC ELEVATOR - CONSTRUCTION
4/25/88 TO 9/23/88

DETROIT ELEVATOR - CONSTRUCTION
2121 BURDETTE 10/2/87 TO 3/11/88
FERNDALE MI.

ART ELEVATOR 12/9/86 TO 9/21/87
CONSTRUCTION, SERVICE

LEDERMAN ELEVATOR 10/15/86 TO 11/12/86
SERVICE

LARDNER ELEVATOR 5/20/85 TO 9/23/86
SERVICE REPAIR

TRUSE ELEVATOR 5/31/84 TO 4/18/85
CONSTRUCTION

HAUGHTON ELEVATOR 5/22/81 TO 3/22/82
SERVICE REPAIR

MONTGOMERY ELEVATOR 11/5/80 TO 12/17/80
CONSTRUCTION

DOVER ELEVATOR 12/29/79 TO 8/18/80
SERVICE REPAIR

TRUSE ELEVATOR 8/20/79 TO 10/26/79
SERVICE REPAIR

WESTINGHOUSE ELEVATOR 7/19/78 TO 8/17/79
CONSTRUCTION

DOVER ELEVATOR 12/3/76 TO 2/20/78
CONSTRUCTION

OTIS ELEVATOR 8/25/75 TO 10/28/76
25365 INTERCHANGE DR. CONSTRUCTION
FARMINGTON HILLS MI.

Raymond Yetter

Career Objective:

To obtain an Elevator Class A Contractors License from the State of Michigan.

Education:

National Elevator Industry Education Program:

Detroit, Michigan

From 1975 - 1976, I attended again from 1984 - 1988

Major Courses:

Introduction to elevators and safety, elevator print reading, handling materials, rigging and tools, pit structures, guide rails, machine room and overhead installation, car and counterweight assembly, 8.1 basic electricity, 8.2 electrically advanced, circuit tracing, construction wiring, doors and operators, hydraulics, escalators, elevator rope replacement, rotating D.C. Generators, AC Motors and SCR Drives.

I took the **Detroit Class "A" Elevator Journeyman Test** on June 22, 1989

License # LIC2001-06382

I took the **State of Michigan Class "A" Journeyman Test** on July 26, 1989

License # 2200921

I took the **National Elevator Industry Educational Program Journeyman Test** on October 26, 1989

License # 81720

I took the **State of Michigan Elevator Certificate of Competency Test** on March 17, 1993

License # 487

Skills:

Construction, Service and Maintenance of electrical elevator, hydraulic elevators, side walk elevators, hand elevators, material lifts, moving walks, private residence elevators, dumbwaiters, escalators, geared and gearless drive units, electric motors, belt lifts, I ran construction and service jobs.

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

DTE Energy



October 4, 2012

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 Raymond Yetter at DTE Energy. Ray's Class A State of Michigan Elevator Journeyman license number is # 2200921. Ray has worked as a State of Michigan Elevator Journeyperson at DTE Energy since March 6, 2000. Ray 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'. The signature is fluid and cursive, with a large loop at the end.

Michael G. Cronk
General Supervisor
17150 Allen Road
Room 165
Melvindale, MI 43150
(313) 389.7712

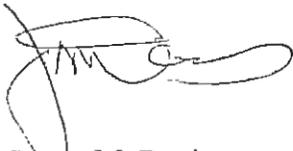
October 3, 2012

To Whom It May Concern:

I've known Mr. Raymond Yetter personally for 54 years. We started in the elevator trade together in 1975. He has been a foreman on elevator construction and modernization jobs that I have worked on and I know his work ethic and work performance to be of the highest standard. He is currently employed with Detroit Edison as an elevator maintenance and service mechanic.

His qualifications and experience should be more than sufficient to allow him to sit for the contractor's examination.

Sincerely,

A handwritten signature in black ink, appearing to read 'James M. Davis', with a large, stylized flourish extending to the right.

James M. Davis

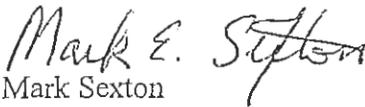
Regional Representative for Detroit Edison

Oct. 3, 2012

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,

I would like to refer Raymond Yetter the opportunity to sit for the State of Michigan Elevator Contractor Exam. I have known Ray for the last 14 years at DTE Energy and have worked directly with him during this time. We started at the RenCen together. I can personally attest to Ray's work skills and work ethics as an elevator journeyman. Ray is an experienced journeyman and very knowledgeable in many aspects of elevator and escalator service and maintenance.



Mark Sexton
DTE Energy
Elevator Regional Rep.
Journeyman License # 2200142
Contractor # 2100730

City of Detroit License #'s:
Journeyman 04650
Contractor 00133

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 checked="" type="checkbox"/> SUBMITTED TO BOARD	12-20-12
<input type="checkbox"/> REJECTED	INITIALS
	LAB
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	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

From Info103 12/20/12 12:11:11
 2012 441: 350.00
 101 BANNY J NEVILLE II

APPLICANT INFORMATION

TYPE		
<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	
NAME		SOCIAL SECURITY NUMBER
BANNY J. NEVILLE II		
ADDRESS		TELEPHONE NUMBER (Include Area Code)
CITY	STATE	ZIP CODE
	MICHIGAN	
Do you currently hold an elevator contractor license? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Class <input checked="" 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 License No. <u>65080</u>		

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 type="checkbox"/> 12
DID YOU GRADUATE?	IF YOU HAVE NOT COMPLETED HIGH SCHOOL, HAVE YOU TAKEN THE G.E.D. TEST TO EARN HIGH SCHOOL EQUIVALENCY?
<input checked="" type="checkbox"/> Yes, Year <u>1991</u> <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIGH SCHOOL	
<u>DIVINE CHILD HIGH SCHOOL, BIRMINGHAM, AL</u>	
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING)	
<u>STANDFORD UNIVERSITY - BIRMINGHAM, AL</u>	
SPECIAL TRAINING	

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

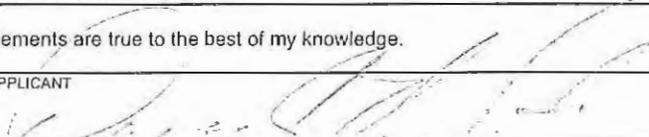
EMPLOYMENT HISTORY - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

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>BTE ENERGY</i>			DATES EMPLOYED (Month / Day / Year)	
ADDRESS <i>ONE ENERGY PLAZA</i>			CITY <i>DETROIT</i>	STATE <i>MICHIGAN</i>
			FROM: <i>07/04</i>	TO: <i>PRESENT</i>
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) <i>CBE Regional Representative</i>			YOUR SUPERVISOR'S NAME AND TITLE <i>MIKE CLARK, GS FACILITIES</i>	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>MAINTENANCE & SERVICE OF ALL TYPES OF ELEVATORS, BOILER PLANT AND HYDRAULIC</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>TRACTION ELEVATORS GEARED & GEARLESS, HYDRAULIC ELEVATORS, ESCALATORS, WHEEL CHAIR LIFTS, AIRLIFT (STAIR HOIST @ POWER PLANTS), ETC</i>				
NAME OF PREVIOUS EMPLOYER <i>KONE ELEVATOR</i>			DATES EMPLOYED (Month / Day / Year)	
ADDRESS <i>11364 Belden Dr</i>			CITY <i>LIVONIA</i>	STATE <i>MICHIGAN</i>
			FROM: <i>01/2000</i>	TO: <i>05/2004</i>
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) <i>ELEVATOR CONSTRUCTOR / MAINTENANCE</i>			YOUR SUPERVISOR'S NAME AND TITLE <i>MIKE SOVIS, CONSTRUCTION SUPERVISOR</i>	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>PERFORMED NEW INSTALLATION OF TRACTION & HYDRAULIC ELEVATING DEVICES, ADJUSTED NEW CONSTRUCTION, SERVICE & MAINTENANCE OF EXISTING EQUIPMENT</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>TRACTION (GEARED & GEARLESS) MACHINES, HYDRAULIC ELEVATOR, ESCALATOR SUBSTANTIALLY, WHEEL CHAIR LIFTS, ETC</i>				
NAME OF PREVIOUS EMPLOYER <i>ONS ENERGY - GTS</i>			DATES EMPLOYED (Month / Day / Year)	
ADDRESS <i>FARMER FIELD SQ SUITE 900</i>			CITY <i>DETROIT</i>	STATE <i>MICHIGAN</i>
			FROM: <i>01/99</i>	TO: <i>01/2000</i>
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) <i>ASSOCIATE ACCOUNTANT</i>			YOUR SUPERVISOR'S NAME AND TITLE <i>ROBERT LITNER, ACCOUNTING MANAGER</i>	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>GENERAL AND ACCOUNTING COORDINATING ACTIVITIES, PREPARATION OF ANNUAL BUDGETS & FORECASTS, MONITOR & ENFORCE FINANCIAL STANDARDS AND DEFEND SPENDING</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>N/A</i>				

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 <i>12-12-2016</i>

DTE Energy Company
One Energy Plaza, Detroit, MI

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 Danny Neville II at DTE Energy. Danny's Class A State of Michigan Elevator Journeyman license number is #2200285. Danny Neville II has worked as a State of Michigan Elevator Journeyperson at DTE Energy since July 26, 2004. Danny Neville II 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

DANNY J. NEVILLE II

- EXPERIENCE:** DTE ENERGY Detroit, MI
07/04- Crane & Elevator Regional Representative
Present Member of International Brotherhood of Electrical Workers Local 17
Duties include:
- Maintenance and service of traction and hydraulic elevators
 - Maintenance and service of escalators, dumbwaiters, personnel hoists
 - Maintenance and service of overhead cranes, doors, and dock levelers
- 01/00-05/04 KONE ELEVATOR COMPANY, INC. Livonia, MI
Elevator Constructor
Member of International Union of Elevator Constructors Local 36
Completed All National Elevator Industry Educational Program Modules
Duties included:
- Installation and new construction of traction and hydraulic elevators
 - Modernization and repair of traction and hydraulic elevators
- 01/99-01/00 CMS ENERGY – GAS TRANSMISSION AND STORAGE Dearborn, MI
Associate Accountant
Duties included:
- Responsible for month end closing activities for several different natural gas processing, storage, and transmission facilities for parent company and subsidiaries
 - Preparation of annual operations and development budgets and forecasts for various different corporate entities
 - Preparation of internal and external financial statements for contractual reporting requirements
 - Responsible for the accounting functions related to the development of a FERC regulated natural gas pipeline
- 10/97-04/98 MOTORS INSURANCE CORPORATION Detroit, MI
Staff Accountant
Duties included:
- Responsible for general ledger control activities including various account reconciliation's
 - Assisting in the monthly financial reporting processes to parent company and preparation of quarterly internal financial statements
 - Reconciliation and analysis of bank accounts and supporting journal entries

10/96-08/97 WASTE MANAGEMENT OF MICHIGAN, INC. Livonia, MI
Staff Accountant
Duties included:

- Participation in month end closings, including review and adjustment of general ledger accounts and review of financial statements
- Participation in all aspects of tax preparation and year-end support documents for annual federal, state, and local income taxes
- Preparation of personal and real property tax returns

INTERNSHIP: GENERAL MOTORS CORPORATION Detroit, MI
09/94-05/95 Tax Staff Intern
Duties included:

- Preparation and auditing of separate company federal, state, and local income and non-income tax returns
- Preparation and auditing of separate company state and local estimated installment and extension tax estimates
- Preparation of extensive pro forma tax calculations for subsidiary allocation and billing
- Preparation of various other state filings: annual reports, franchise tax returns, and intangible returns

EDUCATION: THE UNIVERSITY OF MICHIGAN – DEARBORN Dearborn, MI
09/91-04/96 School of Management
Bachelor of Business Administration
Concentration: Accounting & Finance
Math tutor: Fall 1992 to Winter 1994
Dean’s List: Fall 1995; Winter 1996

09/87-06/91 DIVINE CHILD HIGH SCHOOL Dearborn, MI
High School Diploma
State of Michigan Scholarship

LICENSES: STATE OF MICHIGAN ELEVATOR CONTRACTOR CLASS A (Passed November 2012)
STATE OF MICHIGAN ELEVATOR JOURNEYMAN CLASS A License Number 69080
CITY OF DETROIT ELEVATOR CONTRACTOR License Number LIC2011-00146
CITY OF DETROIT ELEVATOR JOURNEYMAN License Number LIC2003-00731

COMPUTER SKILLS: Familiar with Lotus 1-2-3; Excel 7.0; Quattro-Pro; dBase IV; Paradox; Wordperfect 6.1; Word 7.0; Norton Textra; Lexis-Nexis; AS/400; Solomon IV; Oracle; Windows

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 checked="" type="checkbox"/> SUBMITTED TO BOARD	12.12.12
<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	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 Douglas E Priehs		SOCIAL SECURITY NUMBER
ADDRESS		TELEPHONE NUMBER (Include Area Code)
CITY	STATE MI	ZIP CODE
Do you currently hold an elevator contractor license?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Class <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C License No. <u>2103388</u>
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 License No. <u>2200094</u>

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?	IF YOU HAVE NOT COMPLETED HIGH SCHOOL, HAVE YOU TAKEN THE G.E.D. TEST TO EARN HIGH SCHOOL EQUIVALENCY?
<input checked="" type="checkbox"/> Yes, Year <u>1986</u> <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIGH SCHOOL Garden City High School	
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING)	
SPECIAL TRAINING	

Trans Info: 183 19146760-1 12/03/12
 Cost: \$50.00
 ID: DOUGLAS PRIEHS

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

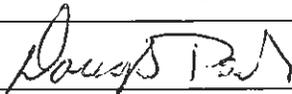
EMPLOYMENT HISTORY - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

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

NAME OF PRESENT OR LAST EMPLOYER DTE Energy			DATES EMPLOYED (Month / Day / Year) FROM: 2/8/08 TO: Present	
ADDRESS 3500 E Front ST	CITY Monroe	STATE MI		
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) Journeyman		YOUR SUPERVISOR'S NAME AND TITLE Mike 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, Hydro's, Escalators				
NAME OF PREVIOUS EMPLOYER Thyssen Krupp Elev.			DATES EMPLOYED (Month / Day / Year) FROM: 7/7/03 TO: 2/5/05	
ADDRESS 31850 Industrial DR.	CITY Livonia	STATE MI		
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, Gearless, Hydro, T.K. Escalators				
NAME OF PREVIOUS EMPLOYER Amtech Elevator			DATES EMPLOYED (Month / Day / Year) FROM: 1/26/97 TO: 7/1/03	
ADDRESS 99 W. Willis	CITY Detroit	STATE MI		
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, Hydro's, 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.	
SIGNATURE OF APPLICANT 	DATE 11-20-12

Over →

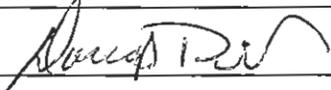
EMPLOYMENT HISTORY - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

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

NAME OF PRESENT OR LAST EMPLOYER General Elevator			DATES EMPLOYED (Month / Day / Year)	
ADDRESS 1410 Racho Rd			CITY Taylor	STATE MI
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) APPRENTICE			YOUR SUPERVISOR'S NAME AND TITLE Doug Scott owner	
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.) Geared, Gearless, Hydro's Escalators.				
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year)	
ADDRESS			CITY	STATE
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
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 	DATE 11-20-12

ThyssenKrupp Elevator



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 Prihs 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'. The signature is fluid and cursive, with a large loop at the end.

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 checked="" type="checkbox"/> SUBMITTED TO BOARD	1/2/13
<input type="checkbox"/> REJECTED	INITIALS
<input type="checkbox"/> REJECTED	CWR
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	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.
- 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

Tran Info: 183 18213367-1 12/20/12
Chk#: Amt: \$50.00
ID: CLINT SHEPLEY

APPLICANT INFORMATION

TYPE <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
NAME CLINT SHEPLEY		SOCIAL SECURITY NUMBER*
ADDRESS		TELEPHONE NUMBER (Include Area Code)
CITY	STATE MI	ZIP CODE
Do you currently hold an elevator contractor license?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Class <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C License No. <u>HAVE NOT PICKED UP YET</u>
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 License No. <u>2200883</u>

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 <u>1993</u> <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 LIVONIA CHURCHILL	
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING)	
SPECIAL TRAINING N.E.I.P MODULES	

*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: FEB 4 2008 TO: PRESENT	
ADDRESS ONE ENERGY PLAZA DRIVE	CITY DETROIT	STATE MI		
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) CRANE AND ELEVATOR		YOUR SUPERVISOR'S NAME AND TITLE MIKE CRONK C#E BOSS		
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.) GEARED, GEARLESS, HYDRAULIC, ESCALATORS, PERSONAL HOIST				
NAME OF PREVIOUS EMPLOYER OTIS ELEVATOR			DATES EMPLOYED (Month / Day / Year) FROM: JUNE 2006 TO: FEB 2008	
ADDRESS	CITY FARMINGTON	STATE MI		
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) ELEVATOR CONSTRUCTOR		YOUR SUPERVISOR'S NAME AND TITLE RICH CAMPBELL		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) MAINTENANCE, SERVICE, CONSTRUCTION, MDO				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) GEARED, GEARLESS, HYDRO, ESCALATORS				
NAME OF PREVIOUS EMPLOYER AMTECH ELEVATOR			DATES EMPLOYED (Month / Day / Year) FROM: FEB 2006 TO: JUNE 2006	
ADDRESS 99 WILLIS	CITY DETROIT	STATE MI		
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) ELEVATOR CONSTRUCTOR		YOUR SUPERVISOR'S NAME AND TITLE STEVE CARTER		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) MAINTENANCE, SERVICE, MDO				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) GEARED, GEARLESS, HYDRO, 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.	
SIGNATURE OF APPLICANT 	DATE 12-14-2012

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

DTE Energy



February 24, 2012

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 Clint Shepley at DTE Energy. Clints's Class A State of Michigan Elevator Journeyman license number is # 2200883. Clint has worked as a State of Michigan Elevator Journeyperson at DTE Energy since February 4, 2008. Clint 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
General Supervisor -- DTE Energy
Allen Rd Facility
17150 Allen Road
Room 165
Melvindale, MI 48150



RICK SNYDER
GOVERNOR

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

STEVE ARWOOD
ACTING DIRECTOR

December 20, 2012

TO: Members of the Elevator Safety Board
FROM: C.W. Rogler, Chief, Elevator Safety Division *CWR*
SUBJECT: Variance Request for Schindler Elevator Corporation

APPLICANT REPRESENTATIVE:
Paul Lytikainen, Business Unit Manager

APPLICANT:
Schindler Elevator Corp.
4740 Talon Court SE
Suite 1
Grand Rapids, MI 49512

AUTHORITY:
MCL 408.808(1)(c) of the Elevator Safety Board Act, 1967 PA 227

VARIANCE REQUEST:
Request has been made by Schindler Elevator Corporation for a variance to allow a 36 inch Toe Plate (matches existing Toe-Plate) due to limitation on the pit depth. Deeper pit depth is not an option due to foundation infringement.

APPLICABLE CODE SECTION:
ASME A17.1-2007 Section 2.15.9.2.

FINDINGS:
ASME A17.1-2007 Section 2.15.9.2.

RECOMMENDATION: Staff recommends that the variance only be approved if the board believes reasonable safety will be secured.

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
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Schindler Elevator Corporation



December 19, 2012

Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes/Elevator Safety Division
P.O. Box 30254
Lansing, MI 48909
Attn: Mr. Calvin Rogler

RE: Spectrum Health
Butterworth Hospital
State Serial #707 (Customer's #4)

Dear Mr. Rogler:

On behalf of Spectrum Health we would like to request a variance to the current code, ASME A17.1 – 2007, Section 2.15.9.2, which requires a 48 inch Toe-guard Plate.

This elevator is scheduled to be upgraded/modernized to improve patient care, safety and to improve overall reliability. The reason for the variance request is to allow a 36 inch Toe-plate (Matching Present Existing Toe-plate) due to the fact that there is limitation on the pit depth. Spectrum Health is unable to provide a deeper pit due to foundation infringement.

We have attached the elevator layout drawing, a letter from our engineering department and drawings from the architect for your review.

If you have any questions, please do not hesitate to call me.

Very truly yours,

Paul A. Lytkainen
Business Unit Manager

cc: P. Pawlowski – Schindler Elevator
M. Pawlowski – Schindler Elevator
T. McKercher – C2AE Architects
J. Hammond – Spectrum Health
R. Grutter – Spectrum Health
G. Brown – The Concord Group





Schindler

December 19, 2012

Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes/Elevator Safety Division
P.O. Box 30254
Lansing, MI 48909
Attn: Mr. Calvin Rogler

RE: Spectrum Health
Butterworth Hospital
State Serial #707 (Customer's #4)

Dear Mr. Rogler:

This letter is to inform you that Schindler Elevator will be supplying our TXR5 controller on this elevator as part of the elevator modernization project. We are not able to meet Code Section 2.15.9.2 which requires a 48 inch toe-guard plate, due to an issue with the existing pit depth on this project. The pit cannot be altered in depth due to existing building foundation infringement. Therefore, the maximum toe guard that can be applied is 36 inches.

The Schindler TXR5 controller utilizes un-intended motion control that can adjust the trigger point to less than the standard 6 inches when we use to accomplish un-intended motion stops of less than 48 inches. Based on the fact that this un-intended stop is required in less than 36 inches, Schindler can accommodate this with the TXR5 and the appropriate Hollister Whitney rope gripper model 624, 625 or 626 available for the capacity of this elevator modernization.

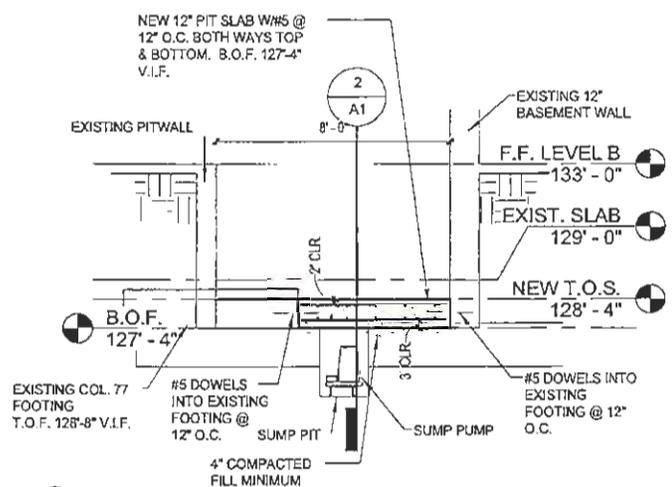
If you have any questions, please do not hesitate to call me.

Very truly yours,

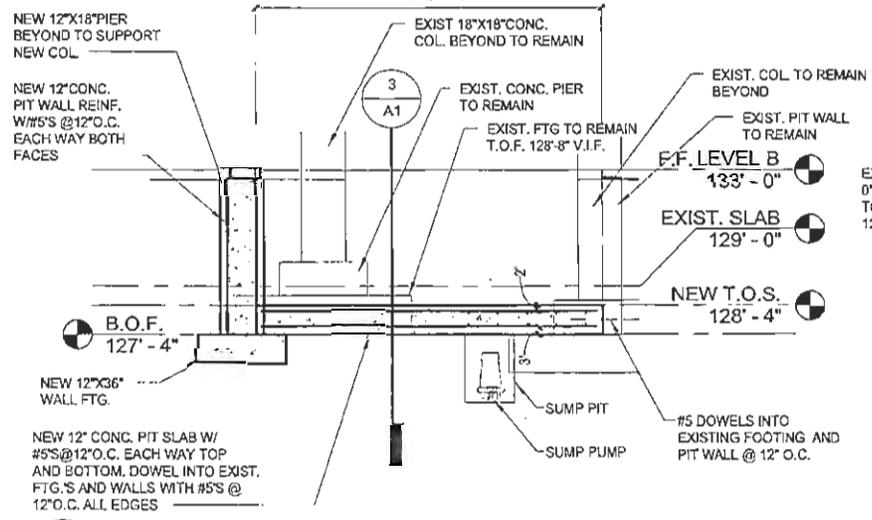
Miles Lamb
Chief Engineer, Modernization Design Center



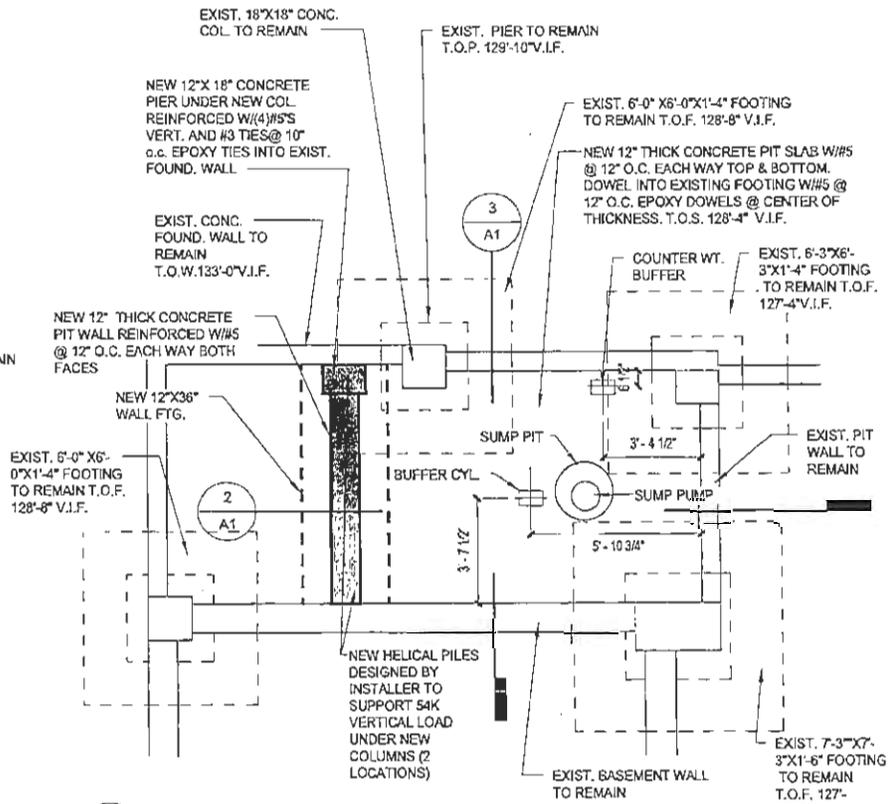
cc: P. Lytikainen – Schindler Elevator
P. Pawlowski – Schindler Elevator
M. Pawlowski – Schindler Elevator
T. McKercher – C2AE Architects
J. Hammond – Spectrum Health
G. Brown – The Concord Group



3 PIT SECTION B
1/4" = 1'-0"

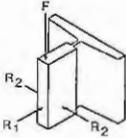


2 PIT SECTION A
1/4" = 1'-0"



1 FOUNDATION PLAN
1/4" = 1'-0"

OVERHEAD REACTIONS			
ALL LIVE LOADS ARE DOUBLED FOR IMPACT. REFER TO MACHINE ROOM PLAN FOR LOCATIONS OF REACTIONS.			
R1- 14,775#	R2- 5,400#	R3- 13,865#	R4- 7,110#
R5- 6,135#	R6- 5,390#	R7- 530#	

RAIL REACTIONS AND FORCES			
 <p>RAIL AND BUFFER REACTIONS DO NOT OCCUR SIMULTANEOUSLY. REACTIONS ARE PER EACH RAIL. "F" FORCE IS DOWNWARD ON PIT.</p>			
	R ₁	R ₂	F
CAR	NORMAL LOADING	264#	245#
	NORMAL RUNNING	264#	245#
	EARTHQUAKE (CAR)	N/A	N/A
	SAFETY APPLICATION	553#	11,911#
CVT.	EARTHQUAKE (CVT.)	N/A	N/A
	SAFETY APPLICATION	N/A	N/A

BUFFER SUPPORT IMPACTS	
21,550#	ON EACH OF (1) CAR BUFFER SUPPORT(S)
30,500#	ON EACH OF (1) CVT. BUFFER SUPPORT(S)

PURCHASER TO PROVIDE:

- Complete hoistway, pit, and machinery room meeting the requirements of the governing code or authority and the necessary barricades inside and outside of the hoistway. This is to include pit ladders, access doors, ventilation, etc. Hoistway to be square and plumb within 1/8".
- Suitable illumination, convenience outlets, heat and ventilation in the machinery space. Maintain machine room temperature between 50 and 100 degrees F.
- Power and light switches in accordance with the governing code or authority.
- Suitable feeder of branch wiring circuits as required to controller, signal systems and power operated doors, including main line switch.
- A.C. outlet in hoistway for car lighting as located on drawings.
- Support for guide rail brackets, machine and above beams and reinforced concrete machine room floor slab of thickness specified which must not be poured until machine beams are set in place.
- Hoisting beam or suitable supports for hoisting.
- Door frames, sills, and track supports for freight elevators with counterbalanced doors. Sill recesses and sill supports for elevators with swinging or horizontal sliding doors. Grouting of sills. NOTE: All hatch walls at entrances to be erected after door sills and frames are in place.
- All cable guards in machine rooms or secondary decks as required by local authorities.

SYMBOL KEY

- (A) HALL STATION (WITH HALL POSITION INDICATOR EXCEPT 1ST FLOOR)
- (B) CAR OPERATING PANEL
- (C) HALL POSITION INDICATOR (AT 1ST FLOOR ONLY)
- (D) CAR POSITION INDICATOR
- (E) LIMIT SWITCHES (BY SCHINDLER)
- (F) LEVELING SWITCHES
- (G) TRAVELING CABLES FOR CONTROL
- (H) 110 VOLT OUTLET FOR ELEV. LIGHTS (BY OTHERS)
- (J) PIT LADDER, 4'-0" H. AFF. OF BOTTOM LANDING (BY OTHERS)
- (K) ELEV. STOP SWITCH (ON PIT)
- (L) PIT LIGHT SWITCH (BY OTHERS)
- (M) TENSION WEIGHT
- (N) CENTRIFUGAL GOVERNOR
- (P) CONTROLLER
- (Q) ELECTRICAL DISCONNECT SWITCH (BY OTHERS)
- (R) MACHINE BEAMS (3 - S12 x 31.8#, BY OTHERS)
- (S) MACHINE ISOLATION BMS. (3 - W6 x 20# BY H-V)
- (T) MACHINE ROOM LIGHT SWITCH (BY OTHERS)
- (U) OIL BUFFER
- (V) TOP EMERGENCY EXIT (16' x 25' MIN. WITH CONTACT)
- (W) NOT USED
- (X) BEARING PLATES (3/4" x 6' x 10" STL. PLATES, BY OTHERS)
- (Y) ROPE GRIPPER WITH PUMP UNIT (MACHINE MOUNTING BY H-V)
- (Z) CAR TOP RAILING (3'-6" HIGH)

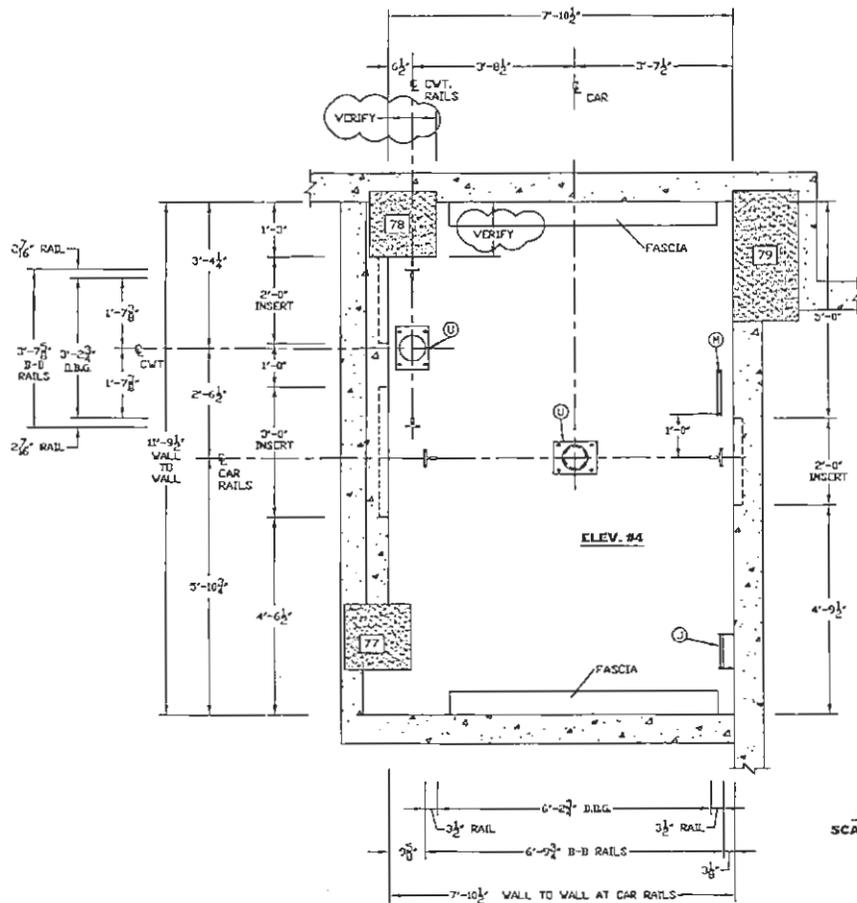
NOTE:
FINISHED CAR FLOORING THICKNESS AND MATERIAL TO BE CONFIRMED. ALL CALCULATIONS ARE CURRENTLY BASED ON AN ALLOWANCE OF 1/4" THICKNESS AND 2 LBS/SF WEIGHT.

NOTE:
PARTIAL LEAD FILLER WEIGHTS REQUIRED

FOR APPROVAL
11-20-2012

NO.	DATE	BY	REVISIONS

GENERAL DATA	
CAR NO.(S)	#4
TYPE	GEARED OVERHEAD
CLASSIFICATION	PASSENGER/SERVICE (WITH CLASS "A" LOADING)
CAPACITY	5,000#
SPEED	250 F.P.M.
HOPING	14
OPERATION	AUTO
CONTROL	V/V/V
LOGS/SPNGS	7/11 OF FRONT / 4 REAR
CAR AND COUNTERWEIGHT	
CAR SAFETY	#400 TYPE "P" FLEXIBLE GUIDE CLAMP (H-V)
CVT. SAFETY	
CAR TYPE & MFL	PASSENGER (G & R ELEVATOR)
GUIDE SHOES-CAR	ROLLER - MODEL "P" VZ HVV. BUTY POLY. WHEELS (ELSCO)
GUIDE SHOES-CVT.	ROLLER - MODEL "P" (ELSCO)
CAR DOOR/GATE	3'-6" x 7'-0" TMD-SPEED SIDE SLIDE
CAR FLOORING	T.B.D.
HOISTWAY ENCLOSURE	
SHAFT DOORS	3'-6" x 7'-0" TMD-SPEED SIDE SLIDE
HOISTWAY EQUIPMENT	
GUIDE RAILS-CAR/CVT.	15 lbs/ft AND 8 lbs/ft
LIMIT SWITCHES	BY SCHINDLER
CAR BATTERY/STROKE	#500 OIL / 9" STROKE (H-V)
CVT BUFFERS/STROKE	#500 OIL / 9" STROKE (H-V)
GOVERNOR/TRIP. SPD.	#207 CENTRIFUGAL GOVERNOR / 452 F.P.M. (H-V)
HOIST ROPES (BOTH) S.	(2)-5/8" DIA / 23,000# MIN. BRK. STRENGTH
CONV. ROPE (BOTH) S.	(1)-3/8" DIA / 8,200# MIN. BRK. STRENGTH
COMPENSATION	
MACHINE DATA	
MACHINE MFR.	HOLLISTER-WHITNEY ELEVATOR CORPORATION
TYPE & SIZE	#74 OVERHEAD GEARED TRACTION MACHINE
W/D RATIO & PITCH	82 TEETH & 1-1/4" TP
TRACTION SHEAVE	32" DIA. WITH 30° V GROOVES (H-V)
DRUM/DIA. SHEAVES	25" DIA. (H-V)
CAR SHEAVE(S)	
CVT. SHEAVE	#120 T.C. DRUM (H-V)
BRAKE	50 HP @ 1200 S.R.P.M. (IMPERIAL)
HOIST MOTOR	#626 ROPE GRIPPER WITH PUMP UNIT (H-V)
ROPE GRIPPER	ROPE GRIPPER MACHINE MOUNTING PROVISIONS BY H-V
CONTROLLER DATA	
TYPE OR STYLE	MCE
CAR CONSTRUCTION	
PLATFORM	4-1/4" ALL-STEEL CONSTRUCTION NON-ISOLATION (H-V)
CROSSHEAD	(2) - C10 x 15.3# (H-V)
STILES	(2) - MC6 x 12# (H-V)
BOTTOM CHANNELS	(2) - MC8 x 22.8# (H-V)
WEIGHTS	
CAR	5,850# (INCL. 3,265# CAR + 2,000# WGT.)
COUNTERWEIGHTS	8,500# (49% COUNTERBALANCE)
MACHINE	5,500# (INCL. 610# MOTOR WGT.)
MACH./O.H. BEAMS	660#
DRUM/O.H. SHEAVES	250#
TOTAL SHAFT LOAD	21120#
POWER SUPPLY	480 VOLTS 3 PH. 60 CY.
GOVERNING CODE: ASME A17.1-2009	
APPLICABLE SEISMIC RISK ZONE: 0/1	
PREPARED BY HOLLISTER-WHITNEY ELEVATOR CORP. FOR:	
SCHINDLER ELEVATOR CORP.	
4740 TALON CT SE, SUITE 1; GRAND RAPIDS, MI 49512	
PHONE: (616) 656-1450 FAX: (616) 656-1454	
PROJECT:	SPECTRUM HEALTH - BUTTERWORTH HOSPITAL
LOCATION:	100 MICHIGAN AVE, GRAND RAPIDS, MI 49503
DRAWN BY:	CNC
DATE:	11-20-2012
SCALE:	NONE
CONTRACT:	#327393
LAYOUT:	L-6520
SHEET:	1 of 5



PIT PLAN
SCALE 3/8" = 1'-0"

NOTE:

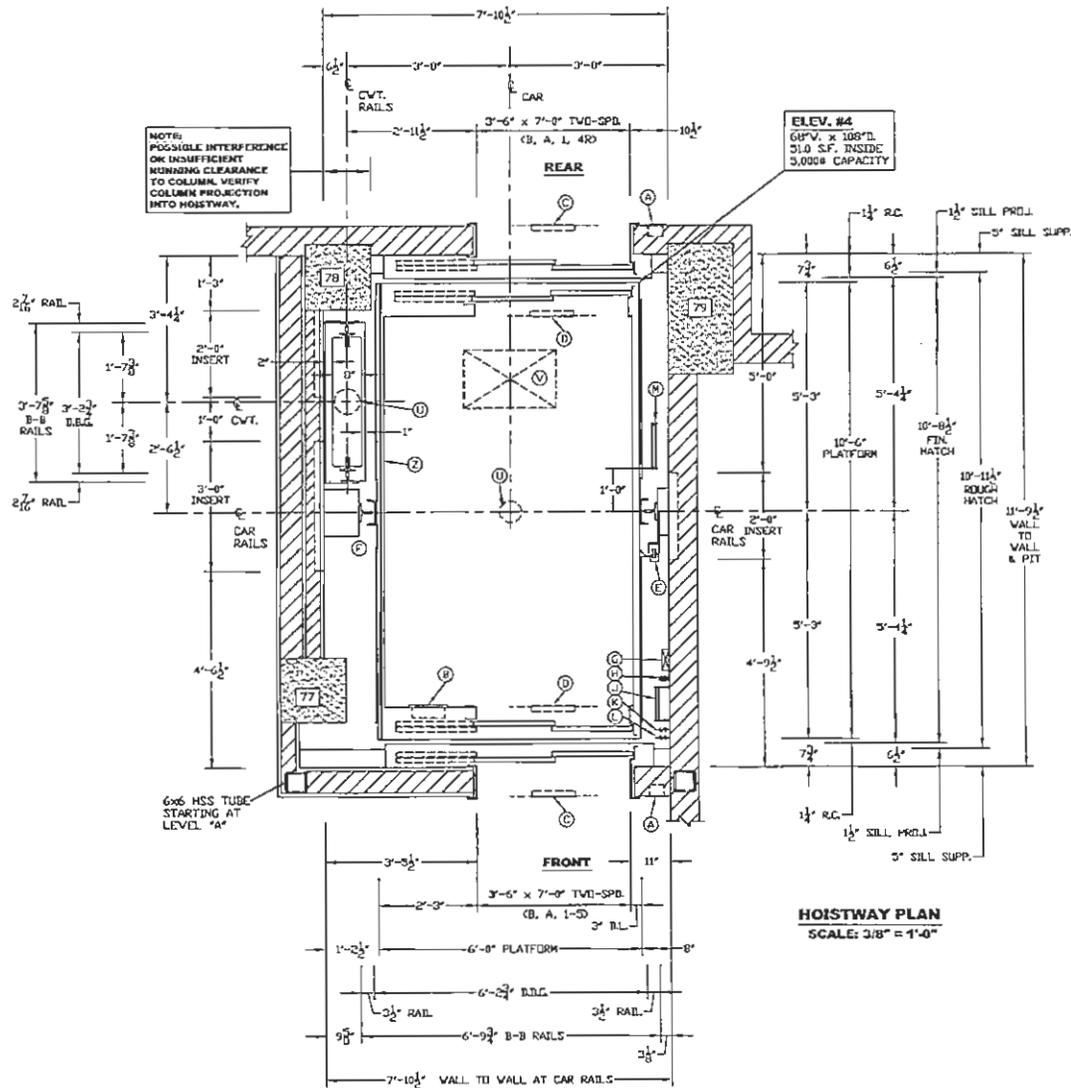
1. CAR RAIL BRACKETS AND CWT. RAIL BRACKETS ARE TO ATTACH FLUSH TO THE CLEAR MATCH WALL LINE TO C.M.U. INSERTS.
2. SEE SHEET 3 FOR VERTICAL BRACKET SPACING.

FOR APPROVAL
11-20-2012

PREPARED BY HOLLISTER-WHITNEY ELEVATOR CORP. FOR:
SCHINDLER ELEVATOR CORP.
4740 TALON CT SE, SUITE 1; GRAND RAPIDS, MI 49512
PHONE: (616) 656-1450 FAX: (616) 656-1454

NO.	DATE	BY	REVISIONS

PROJECT:	SPECTRUM MEDICAL - BITTERWORTH HOSPITAL		
LOCATION:	100 MICHIGAN AVE, GRAND RAPIDS, MI 49502		
DRAWN BY:	CNC	DATE:	11-20-2012
SCALE:	NOTED	CONTRACT:	#327393
LAYOUT:	L-6520	SHEET:	2 of 5



NOTE:
POSSIBLE INTERFERENCE
OR INSUFFICIENT
MINIMUM CLEARANCE
TO COLUMN VERIFY
COLUMN PROJECTION
INTO HOISTWAY.

ELEV. #4
68\"/>

HOISTWAY PLAN
SCALE: 3/8" = 1'-0"

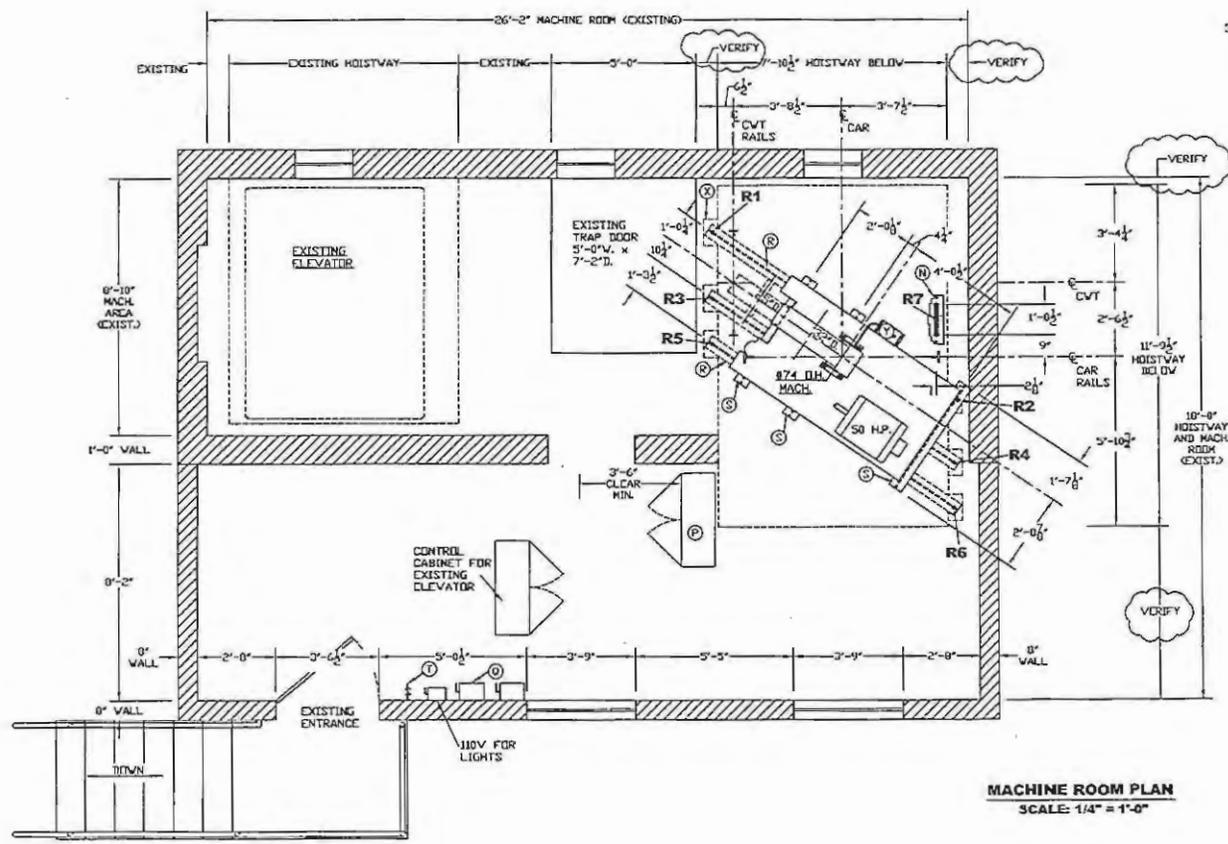
- NOTE:**
- CAR RAIL BRACKETS AND CWT. RAIL BRACKETS ARE TO ATTACH FLUSH TO THE CLEAR HATCH WALL LINE TO CML INSERTS.
 - SEE SHEET 5 FOR VERTICAL BRACKET SPACING.

FOR APPROVAL
11-20-2012

PREPARED BY HOLLISTER-WHITNEY ELEVATOR CORP. FOR:			
SCHINDLER ELEVATOR CORP.			
4740 TALON CT SE, SUITE 1; GRAND RAPIDS, MI 49512			
PHONE: (616) 856-1450 FAX: (616) 656-1454			
PROJECT:	SPECTRUM HEALTH - BUTTERWORTH HOSPITAL		
LOCATION:	100 MICHIGAN AVE, GRAND RAPIDS, MI 49503		
APP'VAL:	CNC	DATE:	11-20-2012
CONTRACT:	#327393	LAYOUT:	L-6520
			SHEET: 3 of 5

NO.	DATE	BY	REVISIONS

- NOTE:**
1. SEE SHEET 1 FOR OVERHEAD REACTIONS 'R1' THRU 'R7'
 2. WALL BETWEEN CONTROL EQUIPMENT AREA AND MACHINE ROOM TO BE MODIFIED TO ACCOMMODATE NEW MACHINE.
 3. ISOLATION BEAM/MACHINE BASE MAY INTERFERE WITH EXISTING MACHINE ROOM WALL. FIELD VERIFICATION REQUIRED.



MACHINE ROOM PLAN
SCALE: 1/4" = 1'-0"

PREPARED BY HOLLISTER-WHITNEY ELEVATOR CORP. FOR:			
SCHINDLER ELEVATOR CORP.			
4740 TALON CT SE, SUITE 1; GRAND RAPIDS, MI 49512			
PHONE: (616) 656-1450 FAX: (616) 656-1454			
FOR APPROVAL		PROJECT: SPECTRUM HEALTH - BUTTERWORTH HOSPITAL	
11-20-2012		LOCATION: 100 MICHIGAN AVE, GRAND RAPIDS, MI 49503	
		DRAWN BY: CNC	DATE: 11-20-2012
		CONTRACT: #327393	SCALE: NOTED
		LAYOUT: L-6520	SHEET: 4 of 5
NO.	DATE	BY	REVISIONS



RICK SNYDER
GOVERNOR

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

STEVE ARWOOD
ACTING DIRECTOR

December 20, 2012

TO: Members of the Elevator Safety Board

FROM: C.W. Rogler, Chief, Elevator Safety Division *CWR*

SUBJECT: Variance Request for Kone, Inc.

APPLICANT REPRESENTATIVE:

David Paxon, Branch Manager

APPLICANT:

Kone, Inc.
11864 Belden Court
Livonia, MI 48150

AUTHORITY:

MCL 408.808(1)(c) of the Elevator Safety Board Act, 1967 PA 227

VARIANCE REQUEST:

Request has been made by Kone Inc. for a variance to allow the use of an electric sump pump as ground water control in the sump crock. A separate water monitor system can also be added to serve as a redundancy to the sump pump if necessary.

APPLICABLE CODE SECTION:

ASME A17.1-2007 Section 2.2.2.1 Construction at Bottom of Hoistway.

FINDINGS:

ASME A17.1-2007 Section 2.2.2.1 Construction at Bottom of Hoistway:

RECOMMENDATION: Staff recommends caution. Moisture in the elevator pit may result in equipment malfunction or failure.

Providing for Michigan's Safety in the Built Environment

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www.michigan.gov/bcc • Telephone (517) 241-9302 • Fax (517) 241-9570

Rogler, Cal (LARA)

From: Paxson David [David.Paxson@kone.com]
Sent: Friday, November 30, 2012 9:55 AM
To: Rogler, Cal (LARA)
Subject: Variance Request - State ID # 52041

Attachments: Variance Request.doc

Cal: I have attached a variance request for the Safety Board's review and consideration. The variance is for Rule 2.1.2.2 for the presence of ground water in a pit.

Please contact me if there are concerns with this request.

Regards,

David Paxson
Branch Manager, Detroit

KONE Inc.
11864 Belden Court
Livonia, MI 48150
Tel 734 513 6944 x208
Mobile 734 341 9058
Email david.paxson@kone.com
www.kone.us/detroit

Detroit Branch Office



December 3, 2012

Mr. Cal Rogler
Chief, Elevator Safety Division
State of Michigan Department of Labor
Elevator Inspection Division
PO Box 30222
Lansing, MI 48909

KONE Inc.
Detroit Branch Office
11864 Belden Court
Livonia, MI 48150
Tel 734 – 513 – 6944 x208
Cell 734-341-9058
Fax 734 – 513 - 6948
david.paxson@kone.com

RE: Request for Variance
State ID # 52041
1550 W. Big Beaver, Troy, MI

Dear Mr. Rogler:

On behalf of the ownership of the elevator at 1500 West Big Beaver Avenue, Troy, MI we respectfully request a variance to Rule 2.1.2.2 for ground water in the pit.

The existing pit structure at 1550 W. Big Beaver was built years prior to this elevator installation. City Building codes in Troy, MI required a pit sump crock to be built in the pit. This pit was capped with concrete and not used as a functioning elevator pit for years. Elevator ID # 52041 was installed in late 2011 utilizing the existing pit coupled with a newly constructed masonry block hoistway.

This elevator has been inspected and operating on a temporary permit for close to 12 months due to a violation of A17.1 rule 2.1.2.2. The owner and contractor have made waterproofing repairs to the pit floor and pit walls to ensure a dry pit. However, ground water remains in the sump crock. As a result the, elevator has once again failed final inspection.

A variance to rule 2.1.2.2 is requested in this unique circumstance. The pit floor is dry, the crock is the only source of a water entry, there are no hoistway sprinklers present, and the crock was mandated by a local building code. An electric sump-pump can properly control the ground water. A separate water monitor can also be added to serve as a redundancy to the pump if necessary.

Please give our variance request your careful review and consideration.

Respectfully,
KONE Inc.

David Paxson
Branch Manager