



RICK SNYDER
GOVERNOR

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

MIKE ZIMMER
DIRECTOR

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

AGENDA

January 23, 2015

9:30 a.m.

1. Call to Order and Determination of Quorum
2. Approval of Agenda (Pages 1-2)
3. Approval of Minutes – November 7, 2014 (Pages 3-8)
4. Review of Elevator Certificate of Competency Examination Applications:
 - a. Brian Matson, General Inspector (Pages 9-11)
5. Review of Elevator Contractor Examination Applications:
 - a. William A. Huber, Class A (Pages 12-15)
 - b. Arnim W. Seeger, Class A (Pages 16-22)
 - c. John S. Simmons, Class A (Pages 23-31)
6. Review of Elevator Journeyman Examination Applications:
 - a. Lamar V. Boyd, Class A (Pages 32-36)
 - b. Corey Galloway, Class A (Pages 37-41)
 - c. Justin L. Eaton, Class C (Pages 42-45)
 - d. Daniel J. Hill, Class A (Pages 46-52)
 - e. Steven D. Kenna, Class A (Pages 53-61)
 - f. David Kowalski, Class A (Pages 62-66)
 - g. Robert D. Monaco, Class A (Pages 67-71)
 - h. Albert Moses, Class C (Pages 72-76)
 - i. Christopher D. Williams, Class A (Pages 77-80)
 - j. Angelo Vuocolo, Class A (Pages 81-85)

Providing for Michigan's Safety in the Built Environment

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

7. Review of Waiver Requests:

University of Michigan, Ann Arbor Campus, Glen Parking Structure (Pages 86-93)

8. Unfinished Business:

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 – April 3, 2015

14. Adjournment

ELEVATOR SAFETY BOARD

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

MINUTES

November 7, 2014
9:30 a.m.

MEMBERS PRESENT

Mr. David Kuras, Chair
Mr. Donald J. Purdie, Jr., Vice Chair
Mr. Doug Datema
Ms. Terri L. Flint
Mr. Brett Karl
Mr. Antwane Maddox
Mr. Mike Nelson
Mr. Irvin Poke
Mr. Mark A. Smith
Mr. Michael Vandervennet

MEMBERS ABSENT

Mr. John Vitale

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. Ralph Arceo, General Inspector, Elevator Safety Division
Mr. Keith Lambert, Deputy Director, Bureau of Construction Codes

OTHERS IN ATTENDANCE

Mr. Patrick Carroll, Elevator Management Consultants
Mr. David, L. Flint, General Public
Ms. Tabitha Zimney, Karoub Associates
Mr. Joseph McNally, McNally Elevator
Ms. Liz Lukasik, SOM Governor's Office
Mr. Paul Pawlowski, Schindler Elevator
Mr. Pete Fox, Rainbow Security Control

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

Vice Chairperson Kuras called the meeting to order at approximately 9:30 a.m. A quorum was determined present at that time.

- a. Nomination and election of officers.

A **MOTION** was made by Board member Donald J. Purdie, Jr. and seconded by Board member Irvin Poke to **NOMINATE** David Kuras as Chairperson of the Elevator Safety Board. **MOTION CARRIED.**

A **MOTION** was made by Board member Mike Vandervennet and seconded by Board member Mark A. Smith to **NOMINATE** Donald J. Purdie, Jr. as Vice Chairperson of the Elevator Safety Board. **MOTION CARRIED.**

2. **APPROVAL OF AGENDA**

A **MOTION** was made by Board member Irvin Poke and seconded by Board member Mark Smith to approve the agenda. **MOTION CARRIED.**

3. **APPROVAL OF MINUTES**

A **MOTION** was made by Board member Donald J. Purdie, Jr. and seconded by Board member Mike Vandervennet to approve the corrected minutes for the September 5, 2014 board meeting. **MOTION CARRIED.**

4. **REVIEW OF ELEVATOR CONTRACTOR APPLICATIONS**

- a. Thomas H. Fagan, Class A (Passed)

Following a review of experience and discussion by the board, a **MOTION** was made by Board member Donald J. Purdie, Jr. and seconded by Board member Mark Smith to approve Thomas H. Fagan to take the Class A Contractor examination. **MOTION CARRIED**

Due to his close association to Thomas H. Fagan, Board member Antwane Maddox recused himself from the above review, discussion, and vote.

- b. Jason Gwin, Class A

Applicant was not present for the board meeting therefore no action was taken.

- c. William A. Huber, Class A

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

- d. Scott M. Macy, Class A

Following a review of experience and discussion by the board, a **MOTION** was made by Board member Donald J. Purdie, Jr. and seconded by Board member Terri L. Flint to deny Scott M. Macy to take the Class A Contractor examination. A show of hands was requested by Chairperson David Kuras, 6 board members denied, 3 board members disagreed with the denial, one board member abstained. **MOTION CARRIED**

- e. Arnim Seeger, Class A

Following a review of experience and discussion by the board, a **MOTION** was made by Board member Donald J. Purdie, Jr. and seconded by Board member Mark Smith to approve Arnim Seeger to take the Class A Contractor examination. **MOTION CARRIED**

- f. John S. Simmons, Class A

Following a review of experience and discussion by the board, a **MOTION** was made by Board member Mark Smith and seconded by Board member Donald J. Purdie, Jr. to approve John S. Simmons to take the Class A Contractor examination. **MOTION CARRIED**

5. **REVIEW OF ELEVATOR JOURNEYPerson APPLICATIONS**

- a. Lamar V. Boyd, Class A

Following a review of experience and discussion by the board, a **MOTION** was made by Board member Donald J. Purdie, Jr. and seconded by Board member Mark Smith to approve Lamar V. Boyd to take the Class A JourneyPerson examination. **MOTION CARRIED**

- b. Michael E. Cicchetti, Class A (Passed)

Following a review of experience and discussion by the board, a **MOTION** was made by Board member Donald J. Purdie, Jr. and seconded by Board member Doug Datema to approve Michael E. Cicchetti to take the Class A JourneyPerson examination. **MOTION CARRIED**

- c. Michael J. Evans, Class A

Following a review of experience and discussion by the board, a **MOTION** was made by Board member Donald J. Purdie, Jr. and seconded by Board member Mark Smith to approve Michael J. Evans to take the Class A JourneyPerson examination. **MOTION CARRIED**

- d. Joseph M. Gwin, Class A

Following a review of experience and discussion by the board, a **MOTION** was made by Board member Donald J. Purdie, Jr. and seconded by Board member Terri L. Flint to approve Joseph M. Gwin to take the Class A JourneyPerson examination. **MOTION CARRIED**

- e. Daniel James Hill, Class A

Following a review of experience and discussion by the board, a **MOTION** was made by Board member Donald J. Purdie, Jr. and seconded by Board member Mark Smith to approve Daniel James Hill to take the Class A Journeyman examination. **MOTION CARRIED**

- f. Steven Douglas Kenna, Class A

Following a review of experience and discussion by the board, a **MOTION** was made by Board member Irvin Poke and seconded by Board Mark Smith to approve Steven Douglas Kenna to take the Class A Journeyman examination. **MOTION CARRIED**

- g. David Kowalski, Class A

Following a review of experience and discussion by the board, a **MOTION** was made by Board member Antwane Maddox and seconded by Board member Donald J. Purdie, Jr. to approve David Kowalski to take the Class A Journeyman examination. **MOTION CARRIED**

- h. Alexander D. McDonald, Class A

Following a review of experience and discussion by the board, a **MOTION** was made by Board member Terri L. Flint and seconded by Board member Doug Datema to approve Alexander D. McDonald to take the Class A Journeyman examination. **MOTION CARRIED**

- i. David A. Miller, Class A

Following a review of experience and discussion by the board, a **MOTION** was made by Board member Mark Smith and seconded by Board member Terri L. Flint to approve David A. Miller to take the Class A Journeyman examination. **MOTION CARRIED**

- j. Kenneth Presson III, Class A

Following a review of experience and discussion by the board, a **MOTION** was made by Board member Doug Datema and seconded by Board member Irvin Poke to approve Kenneth Presson III to take the Class A Journeyman examination. **MOTION CARRIED**

- k. Dennis James Richardson, Class A (Passed)

Following a review of experience and discussion by the board, a **MOTION** was made by Board member Donald J. Purdie, Jr. and seconded by Board member Irvin Poke to approve Dennis James Richardson to take the Class A Journeyman examination. **MOTION CARRIED**

- l. Stephen F. Rippon, Class A

Following a review of experience and discussion by the board, a **MOTION** was made by Board member Doug Datema and seconded by Board member Brett Karl to approve Stephen F. Rippon to take the Class A Journeyman examination. A show of hands was requested by Chairperson David Kuras, 8 board members approved, 1 board member denied, 1 board member abstained. **MOTION CARRIED**

m. John Simmons, Class A (Passed)

Following a review of experience and discussion by the board, a **MOTION** was made by Board member Donald J. Purdie, Jr. and seconded by Board member Mark Smith to approve John Simmons to take the Class A Journeyman examination. **MOTION CARRIED**

n. Angelo Vuocolo, Class A

Following a review of experience and discussion by the board, a **MOTION** was made by Board member Antwane Maddox and seconded by Board member Mark Smith to approve Angelo Vuocolo to take the Class A Journeyman examination. **MOTION CARRIED**

A **MOTION** was made by Board member Mark Smith and seconded by Board member Mike Vandervennet to grant the appropriate license or certificate to the examinees if the applicants successfully pass their respective exams and pay the appropriate licensing fees. **MOTION CARRIED.**

6. **UNFINISHED BUSINESS**

None.

7. **LEGISLATIVE UPDATE**

Deputy Director Keith Lambert discussed the status of House bills 4970 & 4971.

8. **DIVISION REPORT**

a. Chief's Report – C. Rogler

A **MOTION** was made by Board member Doug Datema and seconded by Board member Mike Vandervennet to allow Certificate of Competency, Contractor, and Journeyman examinees to choose either the ASME 2007 or ASME 2010 code for the January 23, 2015 exams. **MOTION CARRIED.**

b. Accident Report – No discussion

9. **NEW BUSINESS**

None.

10. **PUBLIC COMMENT**

Application for Elevator Certificate of Competency Examination
Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes

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

OFFICE USE ONLY

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

EXAMINATION FEE: \$50.00 (nonrefundable)

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

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.

From Info 119, 19932104-1 10/16/10
DATE: [REDACTED] AMT: \$50.00
BY: BRIAN MATSON

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION? No Yes

APPLICANT INFORMATION

TYPE
 General Special

NAME
Brian Matson

Do you currently hold an elevator contractor license? No Yes Class A B C License No. _____

Do you currently hold an elevator journeyman license? No Yes Class A B C License No. _____

EDUCATION AND TRAINING

CHECK THE HIGHEST GRADE COMPLETED
 6 or Less 7 8 9 10 11 12

DID YOU GRADUATE? Yes, Year 1992 No

IF YOU HAVE NOT COMPLETED HIGH SCHOOL, HAVE YOU TAKEN THE G.E.D. TEST TO EARN HIGH SCHOOL EQUIVALENCY?
 Yes No

HIGH SCHOOL
Southgate Anderson

COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING)

SPECIAL TRAINING
Nep Elevator Apprenticeship Program

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

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

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

NAME OF PRESENT OR LAST EMPLOYER Dte Energy			DATES EMPLOYED (Month / Day / Year) FROM: Feb 09 TO: Present	
ADDRESS 1 Energy Plaza	CITY Detroit	STATE MI		
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) Journeyman Crane & Elevator Regional Rep		YOUR SUPERVISOR'S NAME AND TITLE Mike Crank		
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 (G geared - Gearless) Escalators Hydraulic (Direct)				
NAME OF PREVIOUS EMPLOYER Otis Elevator			DATES EMPLOYED (Month / Day / Year) FROM: Feb 00 TO: Feb 09	
ADDRESS	CITY Framington Hills	STATE MI		
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) Journeyman Elevator Constructor		YOUR SUPERVISOR'S NAME AND TITLE Joe Steger		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Maintenance Modernization Service Repair				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Traction (G geared - Gearless) Side Walk elevator Tram Hydraulic (direct - Roped) Escalators Stage lift Moving Walks				
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year) FROM: TO:	
ADDRESS	CITY	STATE		
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.)		YOUR SUPERVISOR'S NAME AND TITLE		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.)				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.)				

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

CERTIFICATION AND SIGNATURE

I certify all statements are true to the best of my knowledge 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 Brian Wata	DATE 10/10/14

DTE Energy



October 9, 2014

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 Brian K. Matson at DTE Energy. Brian's Class A State of Michigan Elevator Journeyman license number is # 2200703 . Brian has worked as a State of Michigan Elevator Journeyperson at DTE Energy since February 4, 2009. Brian 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
17150 Allen Road
Room 165
Melvindale, MI 48150
(313) 389.7712

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

183

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

OFFICE USE ONLY

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

EXAMINATION FEE: \$100.00 (nonrefundable)

Authority: 1997 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 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

Trans Info: 180 20007801-1 12/04/14
CMB: [REDACTED] Amt: \$100.00
ID: VERTICAL MOBILITY OF TOLEDO

APPLICANT INFORMATION

CLASS	<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C - Device Type	
NAME	William A. Huber	

COMPANY REPRESENTING

COMPANY NAME		
Vertical Mobility of Toledo		
ADDRESS		BUSINESS TELEPHONE NUMBER (Include Area Code)
425 Eberle		419 214 7460
CITY	STATE	ZIP CODE
Toledo	Ohio	43615

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	NAME	
Robert Fredricks	Scott Macy	
NAME	NAME	
Donald Brimmer		
ADDRESS	ADDRESS	
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>Vertical Mobility of Toledo</i>			DATES EMPLOYED (Month / Day / Year) FROM: TO:	
ADDRESS <i>425 Eberle</i>	CITY <i>Toledo</i>	STATE <i>Ohio</i>	<i>3/2013 Present</i>	
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <i>MANAGING member / Journeyperson</i>		YOUR SUPERVISOR'S NAME AND TITLE <i>Don Brimmer</i>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>Installation, Sales, BIDDing, Repair, SAFETY test Maintenance, Troubleshooting, Business operations</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless, Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>Geared + gearless Roped + Direct Residential Personell Hoist Sidewalk Lifts Runwiter Traction, Hydraulic, Stage Lift, wheelchair Lift, man Lift, Incline chair, BELT LIFT Escalators</i>				
NAME OF PREVIOUS EMPLOYER <i>Toledo Elevator and Machine</i>			DATES EMPLOYED (Month / Day / Year) FROM: TO:	
ADDRESS <i>221 W. Detroit</i>	CITY <i>Toledo</i>	STATE <i>Ohio</i>	<i>7/95 2/2013</i>	
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <i>Journeyperson / Adjuster</i>		YOUR SUPERVISOR'S NAME AND TITLE <i>DAVE WALZ</i>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>Installation, Repair, maintenance, troubleshooting, safety test</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>Geared + gearless traction Residential wheelchair Lift Incline chair Belt Lifts Escalators Roped + Direct Hydraulic STAGE LIFT man Lift Personell Hoist Sidewalk Lift sewer Lifts</i>				
NAME OF PREVIOUS EMPLOYER <i>Dover Elevator</i>			DATES EMPLOYED (Month / Day / Year) FROM: TO:	
ADDRESS <i>2533 Tracy rd</i>	CITY <i>Northwood</i>	STATE <i>Ohio</i>	<i>7/94 7/95</i>	
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <i>Apprentice</i>		YOUR SUPERVISOR'S NAME AND TITLE <i>AI PARDEE</i>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>New Construction, Repair, SAFETY TEST, service</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>TRACTION geared and gearless, Hydraulic Direct, Escalators, Runwiter</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 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 <i>William C. Huber</i>	DATE <i>12-1-2014</i>



LOCAL UNION NO. 44

OF THE

International Union of Elevator Constructors

AFFILIATED WITH THE AFL - CIO

PHONE (419) 242-7902



FAX (419) 242-6627

Thursday, September 18, 2014

Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes
Elevator Safety Division
Elevator Safety Board
P.O. Box 30255
Lansing, MI 48909

Subject: Employment Verification, Huber, William A.

Please allow this letter to verify elevator industry employment of Huber, William A.

Social Security Number ending in [REDACTED]. According to the Local's records, Huber, William A. entered the elevator industry on 07/08/1994. Huber, William A. became a mechanic certified by NEIEP (National Elevator Industry Educational Program) on September 13, 1999.

Huber, William A. has worked for various elevator companies at various locations during his elevator career. Huber, William A. has been steadily employed (except possibly for short periods due to lack of work in the installation, modernization, service, and maintenance of regulated lifting devices.

To my knowledge, Huber, William A. has worked at all phases of elevator installation, maintenance, and repair. Huber, William A. has worked 37,818.7 hours in the elevator industry as reported through the June 2014 reporting period.

Respectfully,

Robert Fredericks
Business Manager IUEC # 44



419-214-7460
P.O. Box 351871
Toledo Ohio 43615
VerticalMobilityToledo.com

December 1, 2014

Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes
Elevator Safety Division
Elevator Safety Board
PO Box 30255
Lansing, MI 48909

Employment Verification for William Huber

Please accept this letter to serve as verification of William Huber's employment in the Elevator Industry, his Michigan Journeyman Class A License number is 2200691.

I have had the privilege of working with William in the Elevator Industry since February of 1999, when I was hired in at Toledo Elevator and Machine Company. During our time at Toledo Elevator we performed all aspects of installation, repair, maintenance and modernization on various types of regulated lifting devices. In February of 2013, William left Toledo Elevator and joined Scott Macy and myself to form Vertical Mobility of Toledo LLC.

Please contact me with any questions or concerns.

Thank you.

Donald Brimmer

Donald Brimmer
Managing Member
Vertical Mobility of Toledo LLC
419-214-7460
Don@VerticalMobilityToledo.com

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

EXAMINATION FEE: \$100.00 (nonrefundable)

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

IMPORTANT - READ CAREFULLY

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

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION? No Yes

Trans Info: 180 20018922-1 12/05/14
 CHECK: [REDACTED] Amt: \$100.00
 ID# GREAT LAKES ELEVATOR

APPLICANT INFORMATION

CLASS	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C - Device Type _____
NAME	Arnim W. Seeger		

COMPANY REPRESENTING

COMPANY NAME	Great Lakes Elevator		
ADDRESS	530 E. Grand River Rd		BUSINESS TELEPHONE NUMBER (include Area Code)
			517-655-5400
CITY	STATE	ZIP CODE	
Williamston	MI	48895	

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	Scott Simmons	NAME	Ron Baldwin
NAME	Werner Seeger (Kenya Lift Co Ltd)		
ADDRESS	[REDACTED]		
CITY	STATE	ZIP CODE	

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

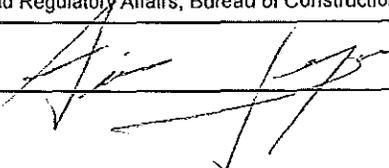
EMPLOYMENT HISTORY - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

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

NAME OF PRESENT OR LAST EMPLOYER Great Lakes Elevator			DATES EMPLOYED (Month / Day / Year)	
ADDRESS 530 E. Grand River Rd			CITY Williamston	STATE MI
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) Maintenance Supervisor			YOUR SUPERVISOR'S NAME AND TITLE Scott Simmons, owner	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) oversees all maintenance done throughout the state by GLE, troubleshoots & repairs all types of elevators, Adjuster				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Traction, hydraulic, stage lifts, chair lifts, VPLs				
NAME OF PREVIOUS EMPLOYER Kenya Lift Company LTD			DATES EMPLOYED (Month / Day / Year)	
ADDRESS PO Box 14115-00800			CITY Nairobi	STATE Kenya
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) Field Operations Supervisor			YOUR SUPERVISOR'S NAME AND TITLE Werner Seeger	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) New elevator installation, adjuster, service & repairs, sales				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) geared + gearless traction elevators, MRL, Hydraulic indirect dumbwaiters				
NAME OF PREVIOUS EMPLOYER Thyssen Krupp Elevadores			DATES EMPLOYED (Month / Day / Year)	
ADDRESS Energia 14-16			CITY Barcelona	STATE Spain
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) Maintenance & Repair Technician			YOUR SUPERVISOR'S NAME AND TITLE Emilio Nieves Alarcon	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) maintenance, service, repair, adjustment				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) geared + gearless traction, indirect & direct hydraulic dumbwaiters, escalators				

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

CERTIFICATION AND SIGNATURE

I certify all statements are true to the best of my knowledge and that all work shall be done according to the State of Michigan elevator law, rules and regulations adopted by the Elevator Safety Board.	
I also certify I am actively employed by the company I'm representing and that in the event of my leaving said firm, agree to immediately notify the Michigan Department Licensing and Regulatory Affairs, Bureau of Construction Codes.	
SIGNATURE OF APPLICANT 	DATE 12/3/14

2201755

9 May 2011

kenya Lift co ltd

hauslift
p.o. box 14115
00800-nairobi kenya
waumini house westlands
tel 254 (20) 4440296 4443929
cell: 0712 766770
0725 602237
fax 254 (20) 4441174
e-mail: kenlift@wananchi.com

TO WHOM IT MAY CONCERN:

KENYA LIFT CO. LTD. has been in operation in the East African region since 1980 with sales of HAUSHAHN Germany for twenty years with an approximate total of 250 lifts. We provide Sales, Commissioning and After-Sales service. Thereafter HAUSHAHN sold out to SCHINDLER, and so we moved to HAUSLIFT of Egypt. With this new Company we have sales of nearly 100 lifts.

The Directors of Kenya Lift Co. Lt. are both Kenya citizens and this has a distinct advantage to operating on the business scene in Kenya and the East African region. Mr. Seeger (Snr) has 48 years of experience with various Companies, i.e. Schindler, Otis International (South Africa, East Africa, Mexico and Venezuela) prior to the establishment of Kenya Lift Co. Ltd.

This Company is a wholly owned family concern and with Mr. Seeger (Jnr) returning from having been employed by ThyssenKrupp Elevators in Barcelona for several years, will give it an added advantage.

We have already been in contact before with ThyssenKrupp Elevators in Madrid for price enquiries for escalators.

Any other information can be provided by Mr. Seeger (Jnr) while he is still in Spain.

KENYA LIFT CO. LTD.

2201755

kenya Lift services ltd.

12 February 1992

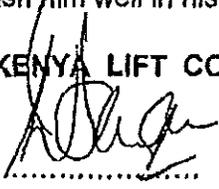
Hauslift Aufzüge
p.o. box 14115
00800-nairobi kenya
waumini house westlands
tel 254 (20) 4440296, 4443929
fax 254 (20) 4441174
e-mail: kenlift@wananchi.com

TO WHOM IT MAY CONCERN:

This is to certify that our son ARNIM WERNER SEEGER, trained in Germany with our Suppliers HAUSHAHN from 1 September 1983 to 29 March 1985 in all areas of Construction work and Maintenance of Elevators. He then worked out in the field with our family concern KENYA LIFT CO. LTD. for the period of NINE YEARS (9 years) until his departure to live and work in Spain. He is proficient in construction and maintenance work as well as Emergency Call backs. During this time he travelled to Kigale, Rwanda where he installed a lift in the local hospital there. He also worked on various projects in Kampala, Uganda and in Mombasa. He has a great asset to the Company and his leaving (for personal reasons) will be a great loss for Kenya Lift Co. Ltd.

We wish him well in his future endeavours.

For: KENYA LIFT CO. LTD.


.....

P.P^a WERNER SEEGER
Managing Director



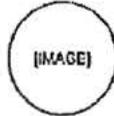
2201755

GLOBAL · LT

Translation. Tutoring. Training.

A company of
ThyssenKrupp
Elevator

ThyssenKrupp Elevadores



Mr. EMILIO NIEVES ALARCON, with I.D. # [REDACTED] as Post-Sales delegate of the company THYSSENKRUPP ELEVADORES, S.L. located in Barcelona, in (St.) c/. Foneria, n. ° 14-16 of this city

DECLARES

That Mr. ARNIM WERNER SEEGER, NIE (Foreigner Identification Number) [REDACTED] has provided his services in this Company as Elevator Technician from 04/19/2004 to 05/04/2011, for which we are completely satisfied.

For the appropriate purposes, I declare it in Barcelona, on the fifth of May of two thousand twelve.

[SIGNATURE]

ThyssenKrupp Elevadores, S.L.
C/Ciudades, s/n - 28021 Madrid
P: 913 796 300 - F: 913 796 439



530 E. Grand River Road
Williamston, MI 48895
517-655-5400

Michigan Department of Licensing & Regulatory Affairs
Bureau of Construction Codes
Elevator Safety Division
PO Box 30255
Lansing, MI 48909

October 9, 2014

To Whom It May Concern:

Arnim W. Seeger has been in my employment since July of 2013. During this time he has worked in all aspects of the elevator trade including supervision, modernization, installation, repairs, and maintenance. Arnim's time has been spent being the maintenance supervisor of my company. He is currently a Michigan Elevator Journeyman. He currently specializes in all aspects of maintenance. Arnim has been an integral part of my company's growth over the last year. Before he started working for me, Arnim had over 25 years of experience as a maintenance supervisor and field operations manager. I have attached his resume. Arnim is more than qualified to take the elevator contractor's exam. Please feel free to contact me with any questions or concerns.

Thanks,

A handwritten signature in cursive script that reads "Scott Simmons".

Scott Simmons
CEO, Great Lakes Elevator



530 E. Grand River Road
Williamston, MI 48895
517-655-5400

Michigan Department of Licensing & Regulatory Affairs
Bureau of Construction Codes
Elevator Safety Division
PO Box 30255
Lansing, MI 48909

October 9, 2014

To Whom It May Concern:

I have known Arnim Seeger for over a year while he has been employed by Great Lakes Elevator. He is the maintenance supervisor for Great Lakes Elevator. I know he has over 25 years' experience prior to working for GLE. He has a lot of knowledge of all aspects of the elevator trade. Arnim has received his Michigan journeyman's license within the past year. I believe that Arnim is more than qualified to sit for the contractor's license exam. I am recommending that the board qualify him to take the examination.

Thanks,

A handwritten signature in cursive script that reads "Ron Baldwin".

Ron Baldwin
Sales Manager

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

183

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

OFFICE USE ONLY

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

EXAMINATION FEE: \$100.00 (nonrefundable)

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

Tran Info 180 20018922-2 12/05/14
 CR#: [REDACTED] Amt: \$100.00
 TO: GREAT LAKES ELEVATOR

APPLICANT INFORMATION

CLASS	<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C - Device Type _____	
NAME	John S. Simmons	
ADDRESS	[REDACTED]	

COMPANY REPRESENTING

COMPANY NAME Great Lakes Elevator		
ADDRESS 530 E. Grand River Road		BUSINESS TELEPHONE NUMBER (Include Area Code) 517-655-5400
CITY Williamston	STATE MI	ZIP CODE 48895

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 Pete Fox	NAME David Lint
NAME Ron Baldwin	NAME [REDACTED]
ADDRESS [REDACTED]	ADDRESS [REDACTED]
CITY [REDACTED]	STATE [REDACTED]
ZIP CODE [REDACTED]	ZIP CODE [REDACTED]

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

2007 Code

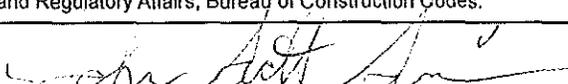
EMPLOYMENT HISTORY - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

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 Great Lakes Elevator			DATES EMPLOYED (Month / Day / Year) FROM: 12/2010 TO: present	
ADDRESS 530 E. Grand River Rd	CITY Williamston	STATE MI		
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) Owner, Supervisor, Foreman		YOUR SUPERVISOR'S NAME AND TITLE John Simmons (self)		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) New construction, Modernization, Maintenance, Repairs				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Traction, MRL, Hydraulic, Chairlifts, Stairlifts, VPL, LULA				
NAME OF PREVIOUS EMPLOYER Thyssen Krupp			DATES EMPLOYED (Month / Day / Year) FROM: 7/2003 TO: 1/2011	
ADDRESS 2801 Network Blvd, #700	CITY Frisco	STATE TX		
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) Director of Field Support		YOUR SUPERVISOR'S NAME AND TITLE Barry Pletch, President		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) worked with engineers to make more field friendly, Trained N. American Field Force on Installation Techniques Mike MacIntyre, COO				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Hydraulics, Traction, MRLs, Gearless				
NAME OF PREVIOUS EMPLOYER OTIS Elevator			DATES EMPLOYED (Month / Day / Year) FROM: 6/1991 TO: 7/2003	
ADDRESS 1331 Curry Pike	CITY Bloomington	STATE IN		
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) Apprentice → Director of Field Support		YOUR SUPERVISOR'S NAME AND TITLE America Lou Rinaldo, Mfg President		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Began as apprentice - mechanic - eventually trained N. American field force, safety supervisor				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Hydraulics, Traction, MRLs, Gearless				

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 12/3/14

October 2, 2014

State of Michigan

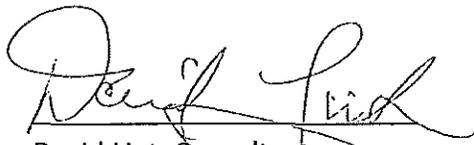
RE: Contractor's License Recommendation

To Whom It May Concern,

I would like to recommend John "Scott" Simmons to take the contractor's test for his elevator contractor's license. I worked with Scott at OTIS elevator where I worked as a mechanic and adjuster. I have also been around him in my consulting work. I work as an elevator consultant and have consulted on some of his jobs. Scott has the knowledge to take his contractor's test. I know that he has been in the business over 30 years and has worked in every aspect.

Due to all of the experience Scott has had in the elevator field, I believe he would be a good candidate to take his contractor's test. Working all aspects of the field are an asset to his portfolio and shows his expertise.

Thank you,



David Lint, Consultant

October 2, 2014

State of Michigan

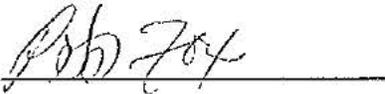
RE: Contractor's License Recommendation

To Whom It May Concern,

I would like to recommend John "Scott" Simmons to take the contractor's test for his elevator contractor's license. I have been familiar with him working in the business for more than 20 years. I have worked with or around him in the field with Otis and in the field and office with Otis and ThyssenKrupp.

Scott is a very hard worker and has extensive knowledge in the elevator contracting business. He was responsible for the success of many projects and has been instrumental in finding new ways to improve safety standards and installations.

Thank you,



Pete Fox, Federal Elevator Inspector (Former State of MI Elevator Chief)
Elevator and Vertical Transportation Educational Associates, Inc.





530 E. GRAND RIVER RD. P.O. Box 383 WILLIAMSTON, MI 48895
p:(517)655-5400/f:(517)655-5461
e:info@glelevators.com/w: www.glelevators.com

October 7, 2014

Elevator Safety Board
Department of Licensing and Regulatory Affairs
Bureau of Construction Codes
Elevator Safety Division
PO Box 30255
Lansing, MI 48909

Dear Members of the Board:

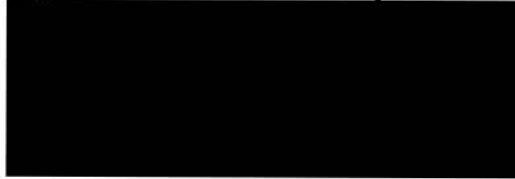
For those of you who do not know me, my name is Scott Simmons. I have been in the elevator business since the early 1980s. I took and passed by IUEC journeyman test in 1984. In 1986 I took and passed my state of Michigan journeyman test. I have had extensive experience in the industry for over 30 years as a hands on mechanic and supervisor. If you have any further questions on my experience, I have attached my resume. Thank you for your attention to these details.

Thanks,

A handwritten signature in cursive script that reads "Scott Simmons".

Scott Simmons

Scott Simmons
Great Lakes Elevator
CEO, Director Field Operations



GREAT LAKES ELEVATOR

PRESIDENT

Feb 2011 to Present

Responsibilities and Accomplishments:

- Manage day to day operations of Great Lakes Elevator in Michigan and surrounding states.
- Install non-proprietary model plug and play elevators to fit non-union applications to save customers significant installation and service costs.
- Install and service all brands of lifts for Michigan and surrounding states, including stair lifts, escalators, walks, LULA's, MRL's, service passenger and freight elevators.

ThyssenKrupp Elevator Company

Director of Field Support for North America Jul 2003 to Jan 2011

Responsibilities and Accomplishments:

- Development of policies, processes and training for over 5000 field and management associates throughout North America.
- Worked with field and factory to make the products more field and customer friendly. R/D the MRL, hydro and traction products as well as to upgrade quality process to fix future issues.

United Technologies Corporation, Otis Elevator Company

Director of Field Support & Tool Facility for North & South America

Worldwide Field Council, Representative for North & South America

Otis University, Board Member

Mar 1999 to Jul 2003

Responsibilities and Accomplishments:

- Development of policies, processes and training for over 7000 field and management associates throughout North & South America.

Sales released and field proofed GEN2 and Twin Post telescopic.
- Improved installation efficiencies by 48% resulting in profit improvement of over 1,700% (18 fold) since 1997 through strategic implementation of standard work processes and product design improvements.
- Recognized as industry leader in safety by ensuring 0 serious/fatal accidents year after year with an average of 12 million hours worked per year.
- Re-created and managed The Tool Facility, which provides turnkey support to branch offices resulting in improved productivity and safety.
- Transformed The Tool Facility from a loss operation to a highly recognized profit center.
- Received President's Award for Outstanding Performance in 2000.
- Received President's Award for Leadership, Safety and Process Improvement 2002.
- Received the Otis N.E. Field Award for Doubling Profits In One Year.

"Road to 100" Process

Mar 1998 to Feb 1999

Trainer for North America

Responsibilities and Accomplishments:

- Training and development of superintendents, sales and local office staff.
- Developed and implemented New Equipment training program for Managers, Sales Representatives, Superintendents and Installers.

- Selected for position by company president due to track record of best construction and safety performance in North America.
- Received President's Award for Extraordinary Leadership in Quality and Process Improvement in 1998.

Construction Superintendent, State of Michigan & Northern Indiana Oct 1993 to Feb 1998
Responsibilities and Accomplishments

- Recognized as the nationwide leader in installation efficiency and safety performance.
- Recognized for turning Otis' negative margin new construction business into a profitable venture.
- Exceeded Otis' historic best-in-class performance by over 70 percent through the creation of standard work processes and effective communication with work group and general contractors.
- Received President's Award for Extraordinary Management Effectiveness in 1996.
- Received President's Award for Extraordinary Leadership in Quality Improvement and Installation Efficiency in 1995.

Foreman, Michigan (Entire State) Jan 1986 to Sept 1993
Responsibilities and Accomplishments:

- Achieved best installation efficiencies and safety performance in the US.
- Selected as Mechanic of the Year in 1987 and 1988.

Helper, Mechanic, & Foreman, Houston, TX Jun 1981 to Dec 1985
Responsibilities and Accomplishments:

- Promoted very rapidly from Helper to Temporary Mechanic due to strong work ethic, and mechanical and electrical aptitude.
- Became T.M. the day inducted into the union.
- Quickly Recognized as a leader and effective communicator and quickly promoted to Foreman.

- Installed a wide range of equipment including relay logic and microprocessor technology.
- Installed elevators ranging from 75 stories gearless to several stop hydraulic equipment.

Affiliations and Certifications

Otis World Wide Field Council 1999-2003

USA/Otis University Board Member 1998-2003

NAESA, Active Member 2002-Present

QEI (Qualified Elevator Inspector) Certified 2002-Present

Elevator Journeyman License, State of Michigan 1985-Present

IUEC Elevator Mechanic 1984-Present

Certified Welder 1983-Present

Awards and Recognitions

Otis N.E. Field Award for Doubling Profit In One Year 2002

The President's Award for Leadership, Safety and Process Improvement 2002

The President's Award for Outstanding Performance 2000

The President's Award for Extraordinary Leadership in Quality and Process Improvement 1998

The President's Award for Extraordinary Management Effectiveness 1996

The President's Award for Extraordinary Leadership in Quality Improvement and Installation Efficiency 1995

Mechanic of the Year 1988-1992

Application for Elevator Journeyperson 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

180

OFFICE USE ONLY

<input type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED	DATE
	INITIALS

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.
--	--

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.
- 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: 190 20035406-1 12/11/10
 Check: [REDACTED] Amt: 100.00
 ID: LAMAR ROY

APPLICANT INFORMATION

CLASS <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C - Device Type
NAME LAMAR ROY

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>92</u>		<input type="checkbox"/> No							
NAME AND ADDRESS OF HIGH SCHOOL									
Pike County High Brundidge AL 36010									
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE		BACHELORS DEGREE?							
Name		<input type="checkbox"/> Yes, Date _____ <input type="checkbox"/> No							
Location		Major							
Date		Minor							
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE		GRADUATE DEGREE							
Name		Date							
Location									
BUSINESS, CORRESPONDENCE OR TRADE SCHOOLS		CREDITS EARNED							
Name		<table border="1"> <tr> <th>UNDERGRADUATE</th> <th>GRADUATE</th> </tr> <tr> <td>Term _____</td> <td>Term _____</td> </tr> <tr> <td>Semester _____</td> <td>Semester _____</td> </tr> </table>		UNDERGRADUATE	GRADUATE	Term _____	Term _____	Semester _____	Semester _____
UNDERGRADUATE	GRADUATE								
Term _____	Term _____								
Semester _____	Semester _____								
Location		<table border="1"> <tr> <th>MAJOR</th> <th>PROFESSIONAL CERTIFICATION OR LICENSE</th> </tr> <tr> <td></td> <td></td> </tr> </table>		MAJOR	PROFESSIONAL CERTIFICATION OR LICENSE				
MAJOR	PROFESSIONAL CERTIFICATION OR LICENSE								
		<table border="1"> <tr> <th>DATE ATTENDED (Mo-Yr) to (Mo-Yr)</th> <th>TYPE OF CERTIFICATE OR LICENSE AWARDED</th> </tr> <tr> <td></td> <td></td> </tr> </table>		DATE ATTENDED (Mo-Yr) to (Mo-Yr)	TYPE OF CERTIFICATE OR LICENSE AWARDED				
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 Dion McDonald		NAME Dan Shadanski	
ADDRESS		MARK Mcmillan Jr	
CITY	STATE	ZIP CODE	

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

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

NAME OF PRESENT OR LAST EMPLOYER Otis			DATES EMPLOYED (Month / Day / Year) FROM: 12/02 TO: present	
ADDRESS 25365 Inverchase Ct	CITY Farmington Hills	STATE MI		
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) Asst. Mech		YOUR SUPERVISOR'S NAME AND TITLE Keith Harris		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Repair MAINTANANCE service new construction				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Traction geared gearless Hydro direct plunger roped esc				
NAME OF PREVIOUS EMPLOYER Schindler			DATES EMPLOYED (Month / Day / Year) FROM: 2/99 TO: 2011	
ADDRESS schindler	CITY Livonia	STATE MI		
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) Apprentice		YOUR SUPERVISOR'S NAME AND TITLE Eric Pierson		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Repair MAINTANANCE service new construction				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Traction geared gearless Hydro direct Plunger roped 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.	
SIGNATURE OF APPLICANT 	DATE 12-8-14

Esc: westinghouse schindler Otis handrail
hand rail drive chain. Replaced steps. step
chain step rollers bull gear glass skirt panels
Safety switches clean down's traction an
Hydro safety test. Replaced doors relating
cables eccentrics door rollers door clutch
replace door shoes track door motors cab
installation FANS push buttons CAR
station. cab handrail Top of car handrail
duct runs door bucks & headers install
Hydro pipe run shut off valves. Pit
channels and buffers install new rails
asst setting machines controllers. transformers
disconnect travel cards replaced comp
chains cable jobs 2.1 1.1 top to
bottom straight over center hatch. changed
packings. Also tele scoping. change motor
brushes motor bearings install inspection
station. escape hatch switch. install roller
guides. Replaced gov and gov ropes. clean
pits and machine room floors. pulled generator
wired inter locks, car stations, cab floors
Door tracks. Pelle doors, scissor gates. Asst
in a soft start install. Replace Hydro pm
motors and oil tanks install door
detectors and safe edge. Relays replaced
contacts ets.



LOCAL UNION NUMBER THIRTY-SIX OF THE
International Union of Elevator Constructors

Phone 961-0717

P.O. Box 32451 1640 Porter Street Detroit, Michigan 48216

November 25, 2014

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

To Whom It May Concern:

This letter is to attest to the start date in the Elevator Industry of Lamar V. Boyd as being February 13, 1996. As of June 2014 he has worked a total of 34,186 hours, which is the equivalent to just over 20 years working in the field. This information came from the National Elevator Industry Health Benefit Plan.

Please be further advised that he has experience in the construction, installation, maintenance and servicing of elevator equipment.

Hoping this information is both useful and complete, I am:

Sincerely,

Russell O'Donnell
President
I.U.E.C. Local 36



Otis Elevator Company
25365 Interchange Ct.
Farmington Hills, MI 48335
Office: 248 473-4530
Fax: 248 473-4536

December 8, 2014

Mr. Calvin W. Rogler
Chief Elevator Inspector
State of Michigan
Bureau of Construction Codes - Elevator Safety Dept
6546 Mercantile Way, Suite 3
Lansing, MI 48909

RE: Lamar Boyd
State of Michigan Elevator Journeyman's License

Dear Chief Inspector Rogler:

This letter is to verify the employment of Lamar Boyd with Otis Elevator Company starting December 5, 2012.

Lamar has worked in many facets of the elevator industry where he would have become familiar/proficient in construction methods, modernization and service. Lamar's experience at Otis has involved him working on various types of equipment including geared, gearless, hydraulic elevators, escalators, and dumbwaiters.

Lamar has demonstrated ability, and, therefore I request on behalf of Otis Elevator Company you allow him to sit for the State of Michigan Elevator Journeyman's test.

Very truly yours,

A handwritten signature in black ink that reads "Keith Hearns".

Keith Hearns
Manager, Otis Elevator Company

Cc: Personnel file

Application for Elevator Journeyperson 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

180

OFFICE USE ONLY

<input type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED	DATE
	INITIALS

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.
--	--

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.
- 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: ID# 20040353-1 12/12/14
 Check: ██████████ Amt: \$100.00
 ID: COREY D GALLOWAY

APPLICANT INFORMATION

CLASS		
<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C - Device Type
NAME Corey Galloway		

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 checked="" 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 type="checkbox"/> Yes, Year _____		<input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No	
NAME AND ADDRESS OF HIGH SCHOOL Morley Stanwood High School 4700 Northland Dr. Morley, MI 49336			
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE		BACHELORS DEGREE?	
Name _____ Location _____ Date _____		<input type="checkbox"/> Yes, Date _____ <input checked="" type="checkbox"/> No	
		Major _____ Minor _____	
		Term _____ Semester _____	
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE		GRADUATE DEGREE	
Name _____ Location _____ Date _____		Date _____	
		MAJOR	
		PROFESSIONAL CERTIFICATION OR LICENSE	
BUSINESS, CORRESPONDENCE OR TRADE SCHOOLS		COURSE TITLE	
Name _____ Location _____		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 Teri Vanhorn	NAME Randy Moe
NAME Paul Lytikeinen	NAME Bob Galloway

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

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

NAME OF PRESENT OR LAST EMPLOYER Schindler Elevator Corp.			DATES EMPLOYED (Month / Day / Year) FROM: 11/07 TO: Present	
ADDRESS 4740 Talon Court	CITY Grand Rapids	STATE MI		
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) Journeyman		YOUR SUPERVISOR'S NAME AND TITLE Paul Lytikeinen		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) New construction, service, repair				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Traction, hydraulic, stage lifts, sidewalks, escalators				
NAME OF PREVIOUS EMPLOYER Nashville Machine			DATES EMPLOYED (Month / Day / Year) FROM: 4/1/07 TO: 9/26/07	
ADDRESS 530 Woodcrest Ave	CITY Nashville	STATE TN		
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) Apprentice		YOUR SUPERVISOR'S NAME AND TITLE Larry Skinner / Construction Superintendent		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) New construction				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Traction and hydraulics				

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>Cary Galy</i>	DATE 12-9-14

Schindler Elevator Corporation



December 10, 2014

Department of Licensing and Regulatory Affairs
Bureau of Construction Codes/Elevator Division
P.O. Box 30254
Lansing, MI 48909
Attention: Cal Rogler, Chief Elevator Inspector

Dear Mr. Rogler:

This is to inform you that Corey Galloway has been in the elevator trade since April 2, 2007 and has experience in construction, modernization, service and maintenance repair. He currently has over 11,000 working hours in the elevator trade, with the majority of that time being employed by Schindler Elevator Corporation.

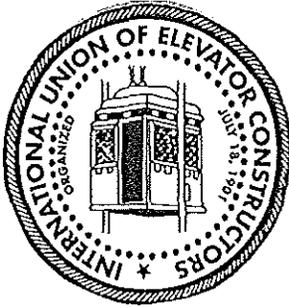
He is a model employee; who conscientious and works very hard. I would like to recommend that you allow him to sit for the state license examination.

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

Sincerely,

Paul A. Lytikainen
Branch Manager





**INTERNATIONAL UNION OF
ELEVATOR CONSTRUCTORS**

AFFILIATED WITH THE AFL-CIO

LOCAL 85

5800 EXECUTIVE DRIVE, LANSING, MI 48911

(517) 882-0100 PHONE

(517) 882-1970 FAX

WILLIAM J. KOGELSCHATZ
BUSINESS MANAGER

December 9, 2014

Department of Licensing and Regulatory Affairs
Bureau of Construction Codes
P. O. Box 30254
Lansing, Michigan 48909

Attention: Cal Rogler, Chief Elevator Inspector

This is to inform you that Corey D. Galloway has been in the elevator trade since April 2, 2007 and has experience in service, modernization, maintenance, as well as new elevator installation and construction. He currently has over 11,000 working hours in the elevator trade.

If you have any questions, please feel free to call.

Thank you,

Teri VanHorn

Teri VanHorn
Office Manager
IUEC Local 85



National Elevator Industry Educational Program

Eleven Larsen Way << Attleboro Falls, MA 02763-1068

(508) 699-2200 << Fax: (508) 699-2495

Student Certificate Statement

THE NATIONAL ELEVATOR INDUSTRY EDUCATIONAL PROGRAM CERTIFIES THAT

Corey D. Galloway

Student Certification #: **49717**

Hire Date: **4/2/2007**

HAS IN ACCORDANCE WITH THE REQUIREMENTS ESTABLISHED BY THE NEIEP BOARD OF TRUSTEES, SUCCESSFULLY COMPLETED THE BELOW CURRICULUM.

NATIONAL DIRECTOR

Wednesday, December 10, 2014

4 Years of Required Curriculum have been completed

Apprentice Course

- 100 - Trade Skills
- 200 - Hoistway Structures
- 300 - Electrical Fundamentals
- 400 - Electrical Theory & Application

Date Completed

- 7/10/2008
- 7/10/2008
- 6/25/2013
- 1/15/2014

Apprentice Course

- 500 - Installation
- 500 - Solid State
- 700 - Power & Logic
- 800 - Advanced Topics in Elevators

Date Completed

- 6/27/2014
- 1/18/2011
- 1/10/2013
- 6/19/2012

Mechanic Exam Certificate Granted on 10/23/2014

Other Certificates:

(2013, 24 Hours) Mechanic Exam Review

The curriculum years listed on this certificate only include years for which the student has completed all the required courses as of the date of this statement. Please retain this important record of your completed NEIEP curriculum years.

Under the Family Educational Rights and Privacy Act of 1974, as amended, the information contained on this transcript may not be released to any other party without the written consent of the student.

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

180

OFFICE USE ONLY

<input type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED	DATE
	INITIALS

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.
--	--

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: 20044210-1 12/16/14
 Check: [REDACTED] Amt: \$100.00
 TO: 44 003555

APPLICANT INFORMATION

CLASS		
<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C - Device Type LU/LA, RES, VPL, VPLR, IPL, SC, SCR
NAME		
Justin Lee Eaton		

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>1997</u>		<input type="checkbox"/> No	
NAME AND ADDRESS OF HIGH SCHOOL			
Vassar High School - 220 Athletic Street, Vassar, MI 48768			
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE		BACHELORS DEGREE?	
Name _____		<input type="checkbox"/> Yes, Date _____ <input type="checkbox"/> No	
Location _____		Major _____	
Date _____		Minor _____	
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE		GRADUATE DEGREE	
Name _____		Date _____	
Location _____		MAJOR	
Date _____		PROFESSIONAL CERTIFICATION OR LICENSE	
BUSINESS, CORRESPONDENCE OR TRADE SCHOOLS		COURSE TITLE	
Name _____		DATE ATTENDED (Mo-Yr) to (Mo-Yr)	
Location _____		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 Craig LaLonde		NAME Brian Smotherman	
ADDRESS		ADDRESS	
NAME Tony Filippis III		NAME	
ADDRESS		ADDRESS	
CITY		STATE	ZIP CODE

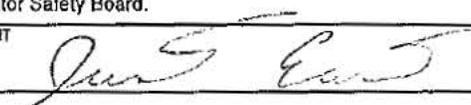
EMPLOYMENT HISTORY - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

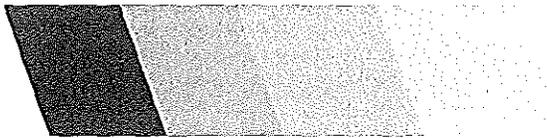
State definitively your qualifying installation and servicing experience on equipment, similar to that for which license is required. Give names and addresses of firms with whom employed, duties, length of service and dates of employment. Present available documentary evidence to substantiate experience.

NAME OF PRESENT OR LAST EMPLOYER A4 Access, a Wright & Filippis Company			DATES EMPLOYED (Month / Day / Year)	
ADDRESS 2845 Crooks Road			CITY Rochester Hills	STATE MI
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) Elevator Technician/Helper			YOUR SUPERVISOR'S NAME AND TITLE Tony Filippis III, Service and Installation Manager	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Work on new construction, service and maintenance for LU/LA, RES, VPL, IPL, SC and SCR				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Hydraulic (Roped) Stairway chairlifts residential and commercial, VPL Residential and Commercial, IPL Residential and Commercial				
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year)	
ADDRESS			CITY	STATE
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.)			YOUR SUPERVISOR'S NAME AND TITLE	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.)				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.)				

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

CERTIFICATION AND SIGNATURE

I certify all statements are true to the best of my knowledge 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 	DATE 12-12-14



December 12, 2014

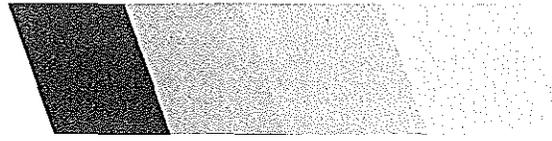
To Whom It May Concern:

Justin Eaton has been a full time employee of A4 Access/Wright & Filippis since April of 2007. For the past 7 years he has continuously worked as an Elevator Technician/Helper. During his employment, he has continuously assisted with the installation, maintenance, service and repair of the following commercial and residential equipment: roped hydraulic LULA elevators, roped hydraulic private residence elevators (RES), vertical platform lifts (VPL), incline platform lifts (IPL), and stairway chairlifts (SC). Justin has also assisted in maintaining and servicing commercial and residential barrier free lifting devices (BFLD) and dumbwaiters. He has worked with and under the following licensed elevator journeypersons: Brian Smotherman, Augustin Crisan, Craig LaLonde and Anthony Filippis III.

I currently work for A4 Access/Wright & Filippis as an Accessibility Specialist. Since Justin started working for Wright & Filippis, I have been involved with the selling of Elevators and Lifts. In my experience working with Justin he has demonstrated his abilities and performed very well in this position.

Thank you,

Jeremia Filippis
Accessibility Specialist



December 12, 2014

To Whom It May Concern:

Justin Eaton has been a full time employee of A4 Access/Wright & Filippis since April of 2007. For the past 7 years he has continuously worked as an Elevator Technician/Helper. During his employment he has continuously assisted with the installation, maintenance, service and repair of the following commercial and residential equipment: roped hydraulic LULA elevators, roped hydraulic private residence elevators (RES), vertical platform lifts (VPL), incline platform lifts (IPL), and stairway chairlifts (SC). Justin has also assisted in maintaining and servicing commercial and residential barrier free lifting devices (BFLD) and dumbwaiters. He has worked with and under the following licensed elevator journeypersons: Brian Smotherman, Augustin Crisan, Craig LaLonde and myself.

Since Justin started working for me I have overseen his work and it is apparent that he is very diligent and responsible. He ensures that the work is completed properly and reliably and maintains a high standard of workmanship and safety.

Thank you,

Anthony J Filippis
Service and Installation Manager

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

180

OFFICE USE ONLY

<input type="checkbox"/> APPROVED	DATE
<input type="checkbox"/> REJECTED	INITIALS

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.
--	--

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 20035404-1 12/11/16
 Check: [redacted] Amt: \$100.00

APPLICANT INFORMATION

CLASS <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C - Device Type	Trans Info: 180 20035404-1 12/11/16 Check: [redacted] Amt: \$100.00 ID: CONSTANCE HILL
NAME DANIEL J HILL	[redacted]

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 checked="" type="checkbox"/> 11 <input type="checkbox"/> 12			
DID YOU GRADUATE? <input type="checkbox"/> Yes, Year _____ <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
NAME AND ADDRESS OF HIGH SCHOOL Memphis Comm Schools			
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE		BACHELORS DEGREE?	
Name: St CLAIR Co. Comm	Location: 323 ERIE ST. PORT HURON 48060	Date: 96-97	<input type="checkbox"/> Yes, Date _____ <input type="checkbox"/> No
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE		GRADUATE DEGREE	
Name: 14500 E. 12 MILE WARREN	Location: 48088	Date: 97-98	APPRENTICESHIP MACHINE REPAIR
BUSINESS, CORRESPONDENCE OR TRADE SCHOOLS		COURSE TITLE	
Name: ST CLAIR CO. SKILL CENTER	Location: 499 RANGE RD MARYSVILLE 48040	DATE ATTENDED (Mo-Yr) to (Mo-Yr): 9-83/6-84	TYPE OF CERTIFICATE OR LICENSE AWARDED: Horizontal mill

*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 KEN BAZNER	NAME BRYAN MORCHE'
NAME MIKE PANLZAK	NAME JEFF BEAN

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

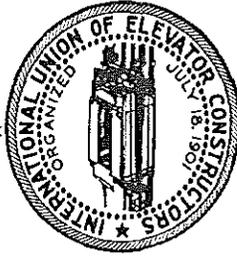
State definitively your qualifying installation and servicing experience on equipment, similar to that for which license is required. Give names and addresses of firms with whom employed, duties, length of service and dates of employment. Present available documentary evidence to substantiate experience.

NAME OF PRESENT OR LAST EMPLOYER OTIS ELEVATOR			DATES EMPLOYED (Month / Day / Year)	
ADDRESS 25365 INTERCHANGE			CITY FARMINGTON	STATE MICH
			FROM: 5/6/11	TO: PRESENT
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) ASSISTANT MECHANIC			YOUR SUPERVISOR'S NAME AND TITLE KEITH HEARNS / SERVICE MANAGER	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) THE SERVICE AND REPAIR OF ESCALATORS, ELEVATORS, DUMBWAITERS, STAGE LIFTS				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) TRACTION - GEARED, GEARLESS HYDRAULIC - DIRECT AND ROPED, STAGE LIFTS, ESCALATORS				
NAME OF PREVIOUS EMPLOYER ELEVATOR TECHNOLOGIES			DATES EMPLOYED (Month / Day / Year)	
ADDRESS 4628 SAINT AUBIN ST			CITY DETROIT	STATE MICH
			FROM: 7-09	TO: 1/11
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) APPRENTICE			YOUR SUPERVISOR'S NAME AND TITLE WAYNE BOLEN - GENERAL MANAGER	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) I WORKED IN MOD AND SERVICE, INSTALLING NEW UPGRADES AND SERVICING VARIOUS EQUIPMENT				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) TRACTION - GEARED, GEARLESS HYDRAULIC - DIRECT AND ROPED, ESCALATORS				

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

CERTIFICATION AND SIGNATURE

I certify all statements are true to the best of my knowledge and that all work shall be done according to the State of Michigan elevator law, rules and regulations adopted by the Elevator Safety Board.	
SIGNATURE OF APPLICANT Daniel Hill	DATE 12/7/14



LOCAL UNION NUMBER THIRTY-SIX OF THE
International Union of Elevator Constructors

Phone 961-0717

P.O. Box 32451 1640 Porter Street Detroit, Michigan 48216

December 4, 2014

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

To Whom It May Concern:

This letter is to attest to the start date in the Elevator Industry of Daniel J. Hill as being September 1, 1999. As of June 2014 he has worked a total of 23,207 hours, which is the equivalent to just over 13 1/2 years working in the field. This information came from the National Elevator Industry Health Benefit Plan.

Please be further advised that he has experience in the construction, installation, maintenance and servicing of elevator equipment.

Hoping this information is both useful and complete, I am:

Sincerely,

Russell O'Donnell
President
I.U.E.C. Local 36



Otis Elevator Company
25365 Interchange Ct.
Farmington Hills, MI 48335
Office: 248 473-4530
Fax: 248 473-4536

December 5, 2014

Mr. Calvin W. Rogler
Chief Elevator Inspector
State of Michigan
Bureau of Construction Codes - Elevator Safety Dept
6546 Mercantile Way, Suite 3
Lansing, MI 48909

RE: Daniel Hill
State of Michigan Elevator Journeyperson's License

Dear Chief Inspector Rogler:

This letter is to verify the employment of Daniel Hill with Otis Elevator Company starting July 6, 2011.

Dan has worked in all facets of the elevator industry: construction, modernization and service. Dan's experience at Otis has involved him working on various types of equipment including geared, gearless, hydraulic elevators, escalators, and dumbwaiters.

Daniel Hill has demonstrated ability, and, therefore I request on behalf of Otis Elevator Company you allow him to sit for the State of Michigan Elevator Journeyperson's test.

Very truly yours,

A handwritten signature in black ink that reads "Keith Hearns". The signature is written in a cursive, flowing style.

Keith Hearns
Manager, Otis Elevator Company

Cc: Personnel file

To: Elevator Safety Board
P.O. Box 30255
Lansing, Mi. 48909

Dear; Safety Board

I am writing this letter of reference for Dan Hill. Dan an I have worked together for over ten plus years in all phases of the elevator industry. Construction together at Ford Field, Service doing testing, repair, re roping an troubleshooting. Modernization at the General Motors technical center. Dan was always safety orientated, knowledgeable an hardworking. If you need any further information or questions feel free to contact me at [REDACTED]

Thank You

Kenneth J. Bazner

A handwritten signature in cursive script that reads "Kenneth J. Bazner". The signature is written in black ink and is positioned below the printed name.

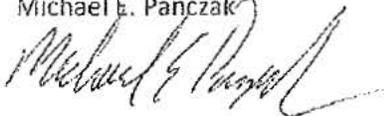
License No. 2200500

To whom it may concern,

I am writing you this letter as a reference for Dan Hill. I've worked with Dan over the past ten years both at Amtech Elevator and Otis elevator. When Dan worked for me, as my apprentice, he was a very hardworking and knowledgeable in all aspects of the elevator trade. If you have any further questions please feel free to contact me at [REDACTED]

Thank You.

Michael E. Panczak

A handwritten signature in black ink, appearing to read "Michael E. Panczak", written in a cursive style.

State License No. 2200741

To whom it may concern:

This is a letter of reference for Daniel Hill. I have worked with Dan for the past 5 years at Otis elevator. As my apprentice he was hard working and well versed in both elevator and escalator repair and installation. I feel that he is a more than capable individual when it come to the elevator trade. If you have any questions, call me at [REDACTED]

Sincerely

Bryan Morché



State License #2200242

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

180

OFFICE USE ONLY

<input type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED	DATE
	INITIALS

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.
--	--

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

Tran Info 1100 20040154-1 12/12/14
 Check: [REDACTED] Amt: \$100.00
 TO: STEVEN KENNA

APPLICANT INFORMATION

CLASS <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C - Device Type
NAME STEVEN O KENNA

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>91</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	
NAME AND ADDRESS OF HIGH SCHOOL Lincoln High 22900 FEDERAL AVE WARREN MI 48089			
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE Name _____ Location _____ Date _____	BACHELORS DEGREE? <input type="checkbox"/> Yes, Date _____ <input type="checkbox"/> No Major _____ MInor _____	CREDITS EARNED	
		UNDERGRADUATE Term _____ Semester _____	GRADUATE Term _____ Semester _____
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE Name _____ Location _____ Date _____	GRADUATE DEGREE Date _____	MAJOR	PROFESSIONAL CERTIFICATION OR LICENSE
BUSINESS, CORRESPONDENCE OR TRADE SCHOOLS Name _____ Location _____	COURSE TITLE	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 MARK KLER	NAME mike Cicchetti
NAME LARRY PARKER	NAME Ben Smith

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

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

NAME OF PRESENT OR LAST EMPLOYER THYSSEN KRUPP			DATES EMPLOYED (Month / Day / Year)	
ADDRESS 35432 Industrial Rd			CITY Livonia	STATE MI
			FROM: 11-2008	TO: Present
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) Apprentice, Assistant machanic			YOUR SUPERVISOR'S NAME AND TITLE DAVE TAYLOR Service Superintendant	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) service, maintain, REPAIR and test				

TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct roped), Stage Lift, Sidewalk, Escalators, etc.)
TRACTION (geared and gearless) Hydraulic (Roped, Direct Plunger) ESCALATOR, moving walk, wheel chair lift, tiger lifts.

NAME OF PREVIOUS EMPLOYER Kone Elevator			DATES EMPLOYED (Month / Day / Year)	
ADDRESS 11864 Belden Ct			CITY Livonia	STATE MI
			FROM: 6-2002	TO: 11-2008
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) Apprentice			YOUR SUPERVISOR'S NAME AND TITLE DAVE BERMUDEZ	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) MAINTENANCE MAINTANANCE, MODERNIZATION, NEW CONSTRUCTION				

TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct roped), Stage Lift, Sidewalk, Escalators, etc.)
Escalator, moving walk, Hydraulic, TRACTION ELEVATORS
STAGE LIFT

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.

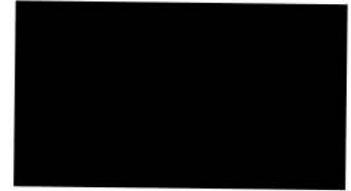
CERTIFICATION AND SIGNATURE

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 	DATE 12-8-14
---	-----------------



STEVEN D. KENNA



PROFILE

Comprehensive experience as an Elevator Installer. Assemble, Install and Replace elevators, escalators, moving walkways and similar equipment. Consistently produce high-quality results while managing competing priorities. Possess exceptional technical/mechanical skills and a strong work ethic.

ASSISTANT MECHANIC, THYSSEN KRUPP ELEVATOR — 11/2009-PRESENT

Repair, test, and maintain elevators, escalators, moving walks, dumbwaiter and wheelchair lifts.

APPRENTICE, KONE ELEVATOR — 08/2006-11/2009

Modernization of elevators and escalators.

APPRENTICE, ELEVATOR TECH — 10/2005-06/2006

Maintenance of elevators and escalators.

APPRENTICE, DOVER ELEVATOR — 06/1999-10/2005

Elevator construction

EDUCATION

Graduated from Lincoln High School — 1991

SKILLS

Assemble, install, repair, or maintain electric or hydraulic freight or passenger elevators, escalators, or dumbwaiters, according to specifications. Read and interpret blueprints to determine layout of system components. Perform preparatory construction work including steel work, wiring and piping. Connect car frames to counterweights with cables and assemble elevator cars. Install and wire electric and electronic control system devices. Install, test and adjust safety control devices. Test operation of newly installed equipment. Troubleshoot electrical or mechanical system failures. Disassemble defective units and repair or replace worn or suspect parts. Adjust valves, ratchets, seals, brake linings and other components. Carry out preventative maintenance programs to ensure public safety.

REFERRALS

Upon Request



LOCAL UNION NUMBER THIRTY-SIX OF THE
International Union of Elevator Constructors

Phone 961-0717

P.O. Box 32451 1640 Porter Street Detroit, Michigan 48216

September 22, 2014

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

To Whom It May Concern:

This letter is to attest to the start date in the Elevator Industry of Steven D. Kenna as being March 12, 1998. As of June 2014 he has worked a total of 28,630 hours, which works out to be just under 17 years working in the field. This information came from the National Elevator Industry Health Benefit Plan.

Please be further advised that he has experience in the construction, installation, maintenance and servicing of elevator equipment.

Hoping this information is both useful and complete, I am:

Sincerely,

Russell O'Donnell
President
I.U.E.C. Local 36

ThyssenKrupp Elevator



July 30, 2014

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

Re: Steve Kenna

To Whom It May Concern:

This letter is to certify that Steve Kenna works for ThyssenKrupp Elevator Company, 35432 Industrial Road, Livonia, MI 48150, as an Elevator Mechanic's Assistant. He has worked on installation, repair and maintenance of Traction and Hydraulic Elevators, Escalators, Chairlifts and Dumbwaiters.

He started working in the Elevator Industry in March 1998.

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

Sincerely,

A handwritten signature in cursive script that reads "Danielle Martin".

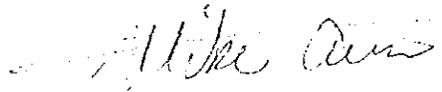
Danielle Martin
Service Sales Administrator

Cc: Employee File

To whom it may concern,

Steve Kenna is a very good Elevator Constructor. I've known Steve for about 10 years. I have worked with Steve on many occasions. He is very knowledgeable in the Elevator trade and very good at problem solving. Steve grew up in an elevator family. He understands and was raised on the responsibilities that are needed to be an Elevator Journeyman. In my opinion, Steve is and will be an asset to the Elevator Trade.

Mike Cicchetti

A handwritten signature in cursive script, appearing to read "Mike Cicchetti".

To whom it may concern,

I have known Steven Kenna for about 12 years. Steve is a responsible person, in, and out of work. Steve is very smart, intelligent, and I am glad I had the privilege to work with him in the Elevator Industry. He is a 3rd Generation Elevator Constructor, who understands the responsibility that goes with being a Journeyman in the Elevator Industry.

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

Local 36 Journeyman
Mark Kler



City of Detroit
 Buildings, Safety Engineering and Environmental Department
 402 Coleman A. Young Municipal Center
 Detroit, MI 48226
 313-224-3168

Receipt

Issued to:

STEVEN KENNA



Corrected License

License Number LIC2011-00302
 Date Issued: 9/19/2014
 Expiration Date: 9/18/2015

Elevator Journeyman
 Issue Number 1

Fee Amount:
 45.00

City of Detroit
Buildings, Safety Engineering & Environmental Department
 402 Coleman A. Young Municipal Center, Detroit, MI 48226

License Number LIC2011-00302

Fee Amount: Elevator Journeyman
 \$ 45.00

This is to certify that STEVEN KENNA is qualified to perform the functions of the license(s) listed above, and is duly licensed as indicated hereon in accordance with the applicable city ordinances.

Expires: 9/18/2015 *David Bell* Building Official



City of Detroit
 Buildings, Safety Engineering & Environmental Department
 402 Coleman A. Young Municipal Center
 Detroit, MI 48226

This is to certify that STEVEN KENNA is qualified to perform the functions of the licenses listed below, and is duly licensed as indicated hereon in accordance with the applicable city ordinances.

Fee amount:
 \$ 45.00

Elevator Journeyman Issue Number - 1
 Issued: 9/19/2014 Expires: 9/18/2015
 License Number LIC2011-00302

STEVEN KENNA



David Bell
 Building Official

License may be revoked upon violation of any provisions of the ordinance or other rules and regulations covering this particular activity.



National Elevator Industry Educational Program

Eleven Larsen Way -- Attleboro Falls, MA 02763-1068

(508) 699-2200 -- Fax: (508) 699-2495

Steven D. Kenna

Certification #: 32466

Hire Date: 3/12/1998

THE NATIONAL ELEVATOR INDUSTRY EDUCATIONAL PROGRAM (NEIEP) CERTIFIES THAT THE PERSON IDENTIFIED ABOVE HAS, IN ACCORDANCE WITH THE REQUIREMENTS ESTABLISHED BY THE NEIEP BOARD OF TRUSTEES, SUCCESSFULLY COMPLETED THE CURRICULUM BELOW.

John J. O'Donnell
National Director

Wednesday December 10, 2014

4 Years of Required Curriculum have been completed

100 - Trade Skills	7/16/2004	500 - Installation	7/14/2006
200 - Hoistway Structures	7/16/2004	600 - Solid State	7/10/2008
300 - Electrical Fundamentals	6/20/2003	700 - Power & Logic	7/10/2008
400 - Electrical Theory & Application	6/20/2003	800 - Advanced Topics in Elevators	7/14/2006

Mechanic Exam Certificate Granted on 11/5/2013

Other Certificates

(8/3/2010, 24 CE Hours) Mechanic Exam Review
(8/21/2012, 24 CE Hours) Mechanic Exam Review
(10/6/2013, 24 CE Hours) Mechanic Exam Review

(8/12/2011, 24 CE Hours) Mechanic Exam Review
(6/27/2013, 72 CE Hours) Mechanics Review Eligibility Course

The curriculum years listed on this certificate only include years for which the student has completed all the required courses as of the date of this statement. Please retain this important record of your completed NEIEP curriculum years.

Under the Family Educational Rights and Privacy Act of 1974, as amended, the information contained on this transcript may not be released to any other party without the written consent of the student.

7/2013

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

180

OFFICE USE ONLY

<input type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED	DATE
	INITIALS

EXAMINATION FEE: \$100.00 (nonrefundable)

Authority: 1076 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.
--	--

NAME: [REDACTED] FEE: \$100.00

ID: DAVID KOWALSKI

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.
- 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

APPLICANT INFORMATION

CLASS <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C - Device Type
NAME David Kowalski

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 1992 <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	
NAME AND ADDRESS OF HIGH SCHOOL Dearborn High, Dearborn, MI			
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE Name _____ Location _____ Date _____	BACHELORS DEGREE? <input type="checkbox"/> Yes, Date _____ <input type="checkbox"/> No Major _____ Minor _____	CREDITS EARNED	
		UNDERGRADUATE Term _____ Semester _____	GRADUATE Term _____ Semester _____
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE Name _____ Location _____ Date _____	GRADUATE DEGREE Date _____	MAJOR	PROFESSIONAL CERTIFICATION OR LICENSE
BUSINESS, CORRESPONDENCE OR TRADE SCHOOLS Name _____ Location _____	COURSE TITLE	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 Eric Pierson, District Service Manager		NAME Tonya King, District Shared Service Manager		
NAME Don Felton, Business Manager		NAME		
ADDRESS				
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 Schindler Elevator			DATES EMPLOYED (Month / Day / Year)	
ADDRESS 28451 Schoolcraft Road			FROM: 8-13-13	TO: Present
CITY Livonia	STATE MI			
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) Apprentice		YOUR SUPERVISOR'S NAME AND TITLE Eric Pierson		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Modernization				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Traction car				
NAME OF PREVIOUS EMPLOYER Thyssen Krupp			DATES EMPLOYED (Month / Day / Year)	
ADDRESS 2001 130th Ave N.E			FROM: 7-2004	TO: 4-2011
CITY Bellevue	STATE WA			
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) Journey Person		YOUR SUPERVISOR'S NAME AND TITLE		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Repair, Service, Retro-fitting				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Traction, Hydraulic, Escalators				

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

CERTIFICATION AND SIGNATURE

I certify all statements are true to the best of my knowledge and that all work shall be done according to the State of Michigan elevator law, rules and regulations adopted by the Elevator Safety Board.	
SIGNATURE OF APPLICANT Edward Kowalski	DATE 12-07-14

Schindler Elevator Corporation



Tuesday, September 24, 2013

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

Subject: David Kowalski – Application for State License

This letter is to state that Mr. David Kowalski had been employed with Schindler Elevator Corporation since August 19, 2013 and has fulfilled all requirements that entitle him to be tested for Elevator Journeyman including installation, alteration, maintenance, repair, service, inspection and adjusting of elevator/escalator equipment.

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

Sincerely,

Eric Pierson
District Service Manager





To: To whom it may concern
From: Tonya King
Date: July 9, 2013
Re: David Kowalski

David Kowalski was employed with ThyssenKrupp Elevator from July 20, 2004 to April 15, 2011 as an elevator technician in our construction and repair departments.

Thank you,

A handwritten signature in black ink that reads "Tonya King".

Tonya King
District Shared Services Manager

International Union of Elevator Constructors

LOCAL UNION NO. 19

AFFILIATED WITH THE AMERICAN FEDERATION OF LABOR - CIO

2264 - 15th Avenue West
Seattle, WA 98119



Tel (206) 282-4885
Fax (206) 282-3970

September 25, 2013

To whom it may concern,

My name is Don Felton and I am the Business Manager of the International Union of Elevator Constructors Local 19 in Seattle Washington. I sent you a letter on July 10th, 2013 concerning the work history of one of our members named David Kowalski. I apologize for the fact that it was not adequate. I was under the impression at the time that you were only needing to confirm that he had been a member and had done work in Local 19. Knowing now that it wasn't enough, I have confirmed with the superintendant he previously worked for at Thyssen Krupp, the following:

1. Worked on construction of new hydraulic and traction elevators.
2. Worked in the repair department doing numerous tasks on traction and hydraulic elevators, and escalators.
3. Was one of the Thyssen Krupp employees assigned the task of retro-fitting the ISIS elevators to accept steel cabs. Here in the greater Seattle area, and Alaska.
4. Installed residential lifts.
5. As a repair mechanic, worked on different makes and models of equipment. (i.e. Otis, Thyssen, Kone, Schindler etc.)
6. Worked for them from July 2004 to April 2011.

My records show that David took his Elevator Mechanics test Oct. 23rd, 2009, passed and was issued a Wa. State Mechanics License. His total hours worked in the industry, as of 8/05/13, are 16,767. His previous supervisor, at Thyssen, was Skip Buntin. Skip is now the Chief Elevator Inspector for the city of Seattle. While talking to Skip on the phone, about David, he told me he would also vouch for him. His phone numbers are: Office 206-684-8453 [REDACTED]

If you have any questions on this matter, please call.

Regards,

A handwritten signature in cursive script that reads "Don Felton".

Don Felton
Business Manager
IUEC Local 19
O. 206-282-4885
[REDACTED]
F. 206-282-3970

Application for Elevator Journeyperson 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

180

OFFICE USE ONLY

<input type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED	DATE _____
	INITIALS _____

EXAMINATION FEE: \$100.00 (nonrefundable)

Authority: 1976 PA 233 Completion: Mandatory As Required By Section 8 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.
- 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

APPLICANT INFORMATION

CLASS <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C - Device Type _____
NAME <u>Robert D. Monaco</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>2002</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	
NAME AND ADDRESS OF HIGH SCHOOL <u>Rossford High School</u> <u>701 Superior St.</u> <u>Rossford OH 43460</u>		Trans Info: <u>180</u> <u>20021512-1</u> <u>12/00/14</u>	Chk# _____ Amt: \$100.00
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE		BACHELORS DEGREE?	
Name _____	Location _____	<input type="checkbox"/> Yes, Date _____ <input type="checkbox"/> No	
Date _____		Major _____	Minor _____
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE		GRADUATE DEGREE	
Name _____	Location _____	Date _____	
Date _____		MAJOR	
BUSINESS, CORRESPONDENCE OR TRADE SCHOOLS		PROFESSIONAL CERTIFICATION OR LICENSE	
Name _____	Location _____	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 <i>Lynn Ireland</i>	NAME <i>Robert Fredericks</i>
[REDACTED]	
NAME <i>Ben Manna</i>	NAME
[REDACTED]	
ADDRESS	
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 <i>Schindler Elevator Corp.</i>			DATES EMPLOYED (Month / Day / Year) FROM: <i>3-4-2010</i> TO: <i>8-19-2014</i>	
ADDRESS <i>1530 Timberdell Dr.</i>	CITY <i>Holland</i>	STATE <i>OH</i>		
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) <i>Journeyman</i>		YOUR SUPERVISOR'S NAME AND TITLE <i>Lou Haeffel - Branch Manager</i>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>Maintenance, Service & Repair, Construction</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>Traction, Hydraulic, Sidewalk lifts, & escalators</i>				
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year) FROM: TO:	
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 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>[Signature]</i>	DATE <i>12-4-2014</i>



National Elevator Industry Educational Program
 Eleven Larsen Way << Attleboro Falls, MA 02763-1068
 (508) 699-2200 << Fax: (508) 699-2495

Student Certificate Statement

THE NATIONAL ELEVATOR INDUSTRY EDUCATIONAL PROGRAM CERTIFIES THAT

Robert D. Monaco Student Certification #: **43058** Hire Date: **7/11/2003**

HAS IN ACCORDANCE WITH THE REQUIREMENTS ESTABLISHED BY THE NEIEP BOARD OF TRUSTEES, SUCCESSFULLY COMPLETED THE BELOW CURRICULUM.

NATIONAL DIRECTOR
 Tuesday, July 08, 2014

4 Years of Required Curriculum have been completed

Apprentice Course	Date Completed	Apprentice Course	Date Completed
100 - Trade Skills	7/15/2005	500 - Installation	7/14/2006
200 - Hoistway Structures	7/15/2005	600 - Solid State	7/10/2008
300 - Electrical Fundamentals	7/16/2004	700 - Power & Logic	7/10/2008
400 - Electrical Theory & Application	7/16/2004	800 - Advanced Topics in Elevators	7/14/2006

Mechanic Exam Certificate Granted on 9/30/2008

Other Certificates:

(2007, 24 Hours) Mechanic Exam Review

The curriculum years listed on this certificate only include years for which the student has completed all the required courses as of the date of this statement. Please retain this important record of your completed NEIEP curriculum years.

Under the Family Educational Rights and Privacy Act of 1974, as amended, the information contained on this transcript may not be released to any other party without the written consent of the student.

5/2010

Tuesday, September 09, 2014

Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes
Elevator Safety Division
Elevator Safety Board
P.O. Box 30255
Lansing, MI 48909

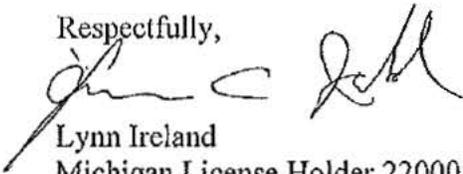
Subject: Employment Verification, Robert Monaco

Please allow this letter to verify elevator industry employment of Robert Monaco Social Security Number ending in [REDACTED]. According to the Local's records, Robert Monaco entered the elevator industry on 07/11/2003. Robert Monaco became a mechanic certified by NEIEP (National Elevator Industry Educational Program) on September 30, 2008.

Robert Monaco has worked for various elevator companies at various locations during his elevator career. Robert Monaco has been steadily employed (except possibly for short periods due to lack of work in the installation, modernization, service, and maintenance of regulated lifting devices.

To my knowledge, Robert Monaco has worked at all phases of elevator installation, maintenance, and repair. Robert Monaco has worked 20,008.95 hours in the elevator industry as reported through the June 2014 reporting period.

Respectfully,



Lynn Ireland
Michigan License Holder 2200052
IUEC National Elevator Industry Educational Program Instructor



LOCAL UNION NO. 44

OF THE

International Union of Elevator Constructors

AFFILIATED WITH THE AFL - CIO

PHONE (419) 242-7902



FAX (419) 242-6627

Tuesday, July 08, 2014

Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes
Elevator Safety Division
Elevator Safety Board
P.O. Box 30255
Lansing, MI 48909

Subject: Employment Verification, Robert Monaco

Please allow this letter to verify elevator industry employment of Robert Monaco Social Security Number ending in [REDACTED]. According to the Local's records, Robert Monaco entered the elevator industry on 07/11/2003. Robert Monaco became a mechanic certified by NEIEP (National Elevator Industry Educational Program) on September 30, 2008.

Robert Monaco has worked for various elevator companies at various locations during his elevator career. Robert Monaco has been steadily employed (except possibly for short periods due to lack of work in the installation, modernization, service, and maintenance of regulated lifting devices).

To my knowledge, Robert Monaco has worked at all phases of elevator installation, maintenance, and repair. Robert Monaco has worked 19,679.15 hours in the elevator industry as reported through the April 2014 reporting period.

Respectfully,

Robert J. Fredericks
Business Manager
I.U.E.C. Local # 44
419-242-7902

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 type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED	DATE
	INITIALS

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.
--	--

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.
- 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 20041801-1 12/15/14
 CNAME: [REDACTED] Amt: \$100.00
 TO: ALBERT W. MOSES

APPLICANT INFORMATION

CLASS		
<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C - Device Type VPL's, SC's, RUS, IPL
NAME		
Albert Moses		

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>1973</u>		<input type="checkbox"/> No							
NAME AND ADDRESS OF HIGH SCHOOL									
Berkley High School 2325 Catalpa Berkley, MI 48072									
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE		BACHELORS DEGREE?							
Name _____ Location _____ Date _____		<input checked="" type="checkbox"/> Yes, Date _____ <input type="checkbox"/> No							
		Major _____ Minor _____							
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE		GRADUATE DEGREE							
Name _____ Location _____ Date _____		Date _____							
BUSINESS, CORRESPONDENCE OR TRADE SCHOOLS		CREDITS EARNED							
Name _____ Location _____		<table border="1"> <tr> <th>UNDERGRADUATE</th> <th>GRADUATE</th> </tr> <tr> <td>Term _____</td> <td>Term _____</td> </tr> <tr> <td>Semester _____</td> <td>Semester _____</td> </tr> </table>		UNDERGRADUATE	GRADUATE	Term _____	Term _____	Semester _____	Semester _____
UNDERGRADUATE	GRADUATE								
Term _____	Term _____								
Semester _____	Semester _____								
		MAJOR _____							
		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 prohibited 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 Frederick Chase Morley		NAME Angelo Vuocolo	
NAME Mark Bosley		ADDRESS	
		CITY	STATE
		ZIP CODE	

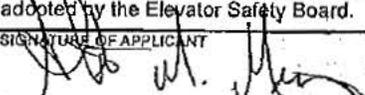
EMPLOYMENT HISTORY - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

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: 1-02-2012 TO: Present	
ADDRESS 43600 Utica Rd	CITY Sterling Hts	STATE MI		
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) Technician Trainee		YOUR SUPERVISOR'S NAME AND TITLE Mark Bosley President		
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 Adapttech			DATES EMPLOYED (Month / Day / Year) FROM: 9/2001 TO: 2010	
ADDRESS 3601 Jennings	CITY Troy	STATE MI		
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) Construction Manager		YOUR SUPERVISOR'S NAME AND TITLE Scott Bosley		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Carpentry, service, construction and repair				
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 	DATE 12-10-14



December 11, 2014

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

Dear Mr. Rogler,

I am writing on behalf of Albert Moses in support of his application to take the examination for the Class C Elevator Journeyperson exam.

I have worked with Albert at Adaptive Environments .His work has involved working on installing, maintaining and repairing of stairway lifts, vertical platform lifts, inclined platform lifts and residential elevators. Al has worked in all facets with rack and pinion, screw, winding drum and roped hydraulic machines. He is a very competent technician who is very reliable.

He would be an asset to our trade as a Licensed Elevator Journeyperson.

Thank you

Angelo Vuocolo
Class C Licensed Elevator Journeyperson





December 11, 2014

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

Dear Mr. Rogler,

I am writing on behalf of Albert Moses regarding his employment dates at Adaptive Environments Inc.

He has been a full time employee since January 02, 2012. He has worked at least 2080 hours each year with varying overtime each year.

Please feel free to contact our office with any questions.

Thank you

Sharon LaGassa
Office Manager





December 11, 2014

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

Dear Mr. Rogler,

I am writing on behalf of Albert Moses in support of his application to take the examination for the Class C Elevator Journeyperson exam.

Albert has been a full time employee of Adaptive Environments since January 2, 2012.

His work has involved working on installing, maintaining and repairing of stairway lifts, vertical platform lifts, inclined platform lifts and residential elevators. He has worked in all facets with rack and pinion, screw, winding drum and roped hydraulic machines.

Albert has been a very reliable and conscientious worker and competent technician.

He would be an asset to our trade as a Licensed Elevator Journeyperson.

Thank you

A handwritten signature in black ink, appearing to read 'Frederick C. Morley', is written over a large, faint, stylized 'A' watermark.

Frederick C. Morley
Class C Licensed Elevator Journeyperson



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 type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED	DATE
	INITIALS

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.
--	--

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

Tran Info: 180 20034314-1 12/10/14
 Chk#: [REDACTED] Amt: \$100.00
 ID: CHRISTOPHER WILLIAMS

APPLICANT INFORMATION

CLASS <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C - Device Type
NAME CHRISTOPHER D. WILLIAMS

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 1984 <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 N/A	
NAME AND ADDRESS OF HIGH SCHOOL MASON HIGH SCHOOL 1001 S. BARNES MASON, MI 48854			
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE Name LAUSING COMMUNITY COLLEGE Location LAUSING, MI. Date 1987 TO 2010		BACHELORS DEGREE? <input type="checkbox"/> Yes, Date _____ <input checked="" type="checkbox"/> No Major GENERAL Minor _____	
		CREDITS EARNED UNDERGRADUATE Term 76.37 Semester _____ GRADUATE Term _____ Semester _____	
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE Name MICHIGAN STATE U. Location EAST LAUSING, MI. Date 1987 - 1989		GRADUATE DEGREE CERTIFICATE PROGRAMS Date 1985	
MAJOR Ag. TECH PROFESSIONAL CERTIFICATION OR LICENSE			
BUSINESS, CORRESPONDENCE OR TRADE SCHOOLS Name _____ Location _____		COURSE TITLE 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 J S LOEW			NAME STEVE STARK		
LOCAL 85 IUOC					
ADDRESS 5800 EXECUTIVE DR.			ADDRESS		
CITY LAUSING	STATE MI.	ZIP CODE 48854	CITY	STATE	ZIP CODE

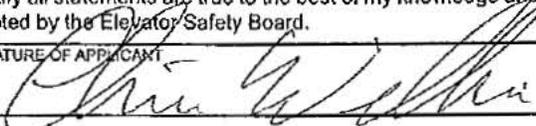
EMPLOYMENT HISTORY - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

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 KONE INC.			DATES EMPLOYED (Month / Day / Year)		
ADDRESS 5300 CLAY AVE			CITY GRAND RAPIDS	STATE MI.	FROM: JULY 2014 TO: AUG. 2014 OCT. 2014 NOV. 2014
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) APPRENTICE			YOUR SUPERVISOR'S NAME AND TITLE J S LOEW (BRANCH MANAGER)		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) NEW CONSTRUCTION, MODERNIZATION, SERVICE AND REPAIR					
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) TRACTION (GEARED AND GEARLESS), ESCALATORS.					
NAME OF PREVIOUS EMPLOYER DETROIT ELEVATOR			DATES EMPLOYED (Month / Day / Year)		
ADDRESS 2121 BURDETTE			CITY FERNDALE	STATE MI.	FROM: OFF AND ON TO: NOV. 2008 JULY 2014
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) APPRENTICE			YOUR SUPERVISOR'S NAME AND TITLE STEVE STARK (CONSTRUCTION SUPERVISOR)		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) NEW TRACTION GEARED, GEARLESS MRL, HYDRO, MODERNIZATION OF TRACTION & HYDRO, SERVICE & REPAIR					
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) NEW TRACTION GEARED & GEARLESS MRL, HYDRO, MODS OF TRACTION & HYDRO, DFLD, WHEELCHAIR LIFT.					

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 	DATE 12-10-14

Grand Rapids - Western Michigan



Elevators Escalators

December 8, 2014

KONE Inc.
5300 Clay Avenue SW
Grand Rapids, MI 49508
Tel 616-534-3300
Fax 616-534-1181
www.us.kone.com
jj.loew@kone.com

Re: Recommendation for Mechanics License - Chris Williams

To whom it may concern:

Chris Williams worked for KONE from July 2014 to November 2014 as a helper on repair and modernization jobs. He successfully passed his union Mechanics exam in November and I recommend him for the State of Michigan Elevator Mechanics License testing.

Kind Regards,

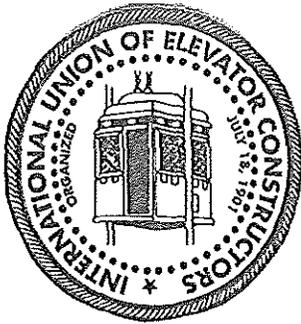
A handwritten signature in black ink, appearing to read "JJ Loew", written over a faint, circular stamp or watermark.

KONE Inc.

Grand Rapids - Western Michigan

JJ Loew

Branch Manager



**INTERNATIONAL UNION OF
ELEVATOR CONSTRUCTORS**

AFFILIATED WITH THE AFL-CIO

LOCAL 85

5800 EXECUTIVE DRIVE, LANSING, MI 48911

(517) 882-0100 PHONE

(517) 882-1970 FAX

WILLIAM J. KOGELSCHATZ
BUSINESS MANAGER

November 24, 2014

Department of Licensing and Regulatory Affairs
Bureau of Construction Codes
P. O. Box 30254
Lansing, Michigan 48909

Attention: Cal Rogler, Chief Elevator Inspector

This is to inform you that Christopher D. Williams has been in the elevator trade since February 11, 2008 and has experience in service, modernization, maintenance, as well as new elevator installation and construction. He currently has over 8,000 working hours in the elevator trade.

If you have any questions, please feel free to call.

Thank you,

Teri VanHorn

Teri VanHorn
Office Manager
IUEC Local 85

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 type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED	DATE
	INITIALS

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.
--	--

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: Defect 180 20041785-1 12/15/14
 Check: [REDACTED] Amt: \$100.00
 TO: ANGELO R VUOCOLO

APPLICANT INFORMATION

CLASS <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C - Device Type _____
NAME <i>Angelo Vuocolo</i>

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 <i>1996</i> <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					
NAME AND ADDRESS OF HIGH SCHOOL <i>Cardinal Mooney College Prep. 660 S. Water St. Marine City, MI</i>							
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE		BACHELORS DEGREE?					
Name <i>Keizer University</i> Location <i>Port St. Lucie, FL</i> Date <i>2012</i>		<input type="checkbox"/> Yes, Date _____ <input checked="" type="checkbox"/> No Major <i>Golf Management</i> Minor _____					
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE		CREDITS EARNED					
Name _____ Location _____ Date _____		<table border="1"> <tr> <th>UNDERGRADUATE</th> <th>GRADUATE</th> </tr> <tr> <td>Term _____ Semester _____</td> <td>Term _____ Semester _____</td> </tr> </table>		UNDERGRADUATE	GRADUATE	Term _____ Semester _____	Term _____ Semester _____
UNDERGRADUATE	GRADUATE						
Term _____ Semester _____	Term _____ Semester _____						
BUSINESS, CORRESPONDENCE OR TRADE SCHOOLS		GRADUATE DEGREE					
Name _____ Location _____		MAJOR _____ PROFESSIONAL CERTIFICATION OR LICENSE _____ Date _____					
Name _____ Location _____		COURSE TITLE _____ DATE ATTENDED (Mo-Yr) to (Mo-Yr) _____ TYPE OF CERTIFICATE OR LICENSE AWARDED _____					

*This information is confidential. Disclosure of confidential information is prohibited 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 <i>David D. Daniels</i>	NAME <i>Anthony Mark Vuocolo</i>
NAME <i>Anthony Robert Vuocolo</i>	NAME
ADDRESS	ADDRESS
	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 <i>Adaptive Environments</i>			DATES EMPLOYED (Month / Day / Year) FROM: <i>9/9/13</i> TO: <i>Present</i>	
ADDRESS <i>43600 Utica Rd</i>	CITY <i>Sterling HTS</i>	STATE <i>MI</i>		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <i>Class C Journeyperson</i>		YOUR SUPERVISOR'S NAME AND TITLE <i>Frederick Morley</i>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>Installation, Maint, Service, & Repairs</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>Three Roped Hydraulic, Screw Drives, & IGD's</i>				
NAME OF PREVIOUS EMPLOYER <i>PK D Inc</i>			DATES EMPLOYED (Month / Day / Year) FROM: <i>07/1994</i> TO: <i>12/2008</i>	
ADDRESS <i>108 River Bluff Dr</i>	CITY <i>Boerne</i>	STATE <i>TX</i>		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <i>Journeyperson</i>		YOUR SUPERVISOR'S NAME AND TITLE <i>Anthony Vuocolo</i>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>New Elevator Construction, Mods., Service, Repair and Adjusting</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>Traction geared & gearless, Hydraulic direct & Roped</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 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>[Signature]</i>	DATE <i>12-12-14</i>

PKD, Inc.

April 22, 2014

To Whom It May Concern

RE: Employment of Angelo Vuocolo

PKD, Inc. had Angelo Vuocolo as an employee on various elevator projects from approximately 1994 to 2008, working as follows:

- 1994-5- Helper/ Laborer on a GSA Courthouse, Hilo, HI- build 2 shafts, install hydraulic elevators and all related electrical.(Hours 2080)
- 1997- 98 Helper on GSA Courthouse, Macon, GA- Remove, extend shaft upwards; install new prisoner's traction elevator.(Hours 2200)
- 1998-9- Helper on IRS Bldg., Greensboro, NC- Modernize 2 traction elevators; install complete bldg. fire alarm system.(Hours 2080)
- 2000-01 2nd mechanic on Camp Lejeune, NC- Modernize 5 hydraulic elevators.(Hours 2120)
- 2001-03 2nd mechanic on VAMC, Cheyenne, WY- Modernize 5 traction elevators.(Hours 3840)
- 2003-04 2nd mechanic on Naval Facility, Ft. Worth, TX- Modernize 4 hydraulic elevators.(Hours 2420)
- 2004-04 2nd mechanic on Leavenworth Prison, KS- Modernize 5 traction elevators.(Hours 1280)
- 2004-08- 2nd mechanic on USPS, Cincinnati, OH- Modernized 7 hydraulic and 7 traction elevators.(Hours 6656)
- 2008-10 2nd mechanic on GSA Federal Bldg., Seattle, WA- modernize 4 gearless elevators.(Hours 3536)

Mr. Vuocolo was and is well on his way from our work together to having been able to manage more of the work tasks involved with our kind of work.

David D. Daniels

David D. Daniels, VP

PKD, INC.

PKD, Inc.

October 25, 2013

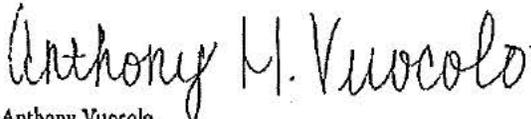
To Whom It May Concern

RE: Employment of Angelo Vuocolo

PKD, Inc. had Angelo Vuocolo as an employee on various elevator projects from approximately 1994 to 2008, working as follows:

- 1994-1995- Helper/ Laborer on a GSA Courthouse, Hilo, HI- build 2 shafts, install hydraulic elevators and all related electrical.
- 1997-1998 Helper on GSA Courthouse, Macon, GA- Remove, extend shaft upwards; install new prisoner's traction elevator.
- 1998-1999- Helper on IRS Bldg., Greensboro, NC- Modernize 2 traction elevators; install complete bldg. fire alarm system.
- 2000-2001 2nd mechanic on Camp Lejeune, NC- Modernize 5 hydraulic elevators.
- 2001-2003 2nd mechanic on VAMC, Cheyenne, WY- Modernize 5 traction elevators.
- 2003-2004 2nd mechanic on Naval Facility, Ft. Worth, TX- Modernize 4 hydraulic elevators.
- 2004-2005 2nd mechanic on Leavenworth Prison, KS- Modernize 5 traction elevators.
- 2004-2007- 2nd mechanic on USPS, Cincinnati, OH- Modernized 7 hydraulic and 7 traction elevators.
- 2008- 2nd mechanic on GSA Federal Bldg., Seattle, WA- modernize 4 gearless elevators.

Angelo Vuocolo has been working with me as a mechanic on class A elevator from 2000 and is on his way to being the superintendent on his own jobs.



Anthony Vuocolo

Anthony M Vuocolo, Superintendent

PKD, INC.

PKD, Inc.

(DB A Total Systems Contracting)

108 River Bluff Drive, Boerne, TX 78006

Ph.(830)537-5475

ddaniels@pkdincorporated.com

Fax(830)537-5476

October 30, 2013

To Whom It May Concern

RE: Employment of Angelo Vuocolo

PKD, Inc. had Angelo Vuocolo as an employee on various elevator projects from approximately 1994 to 2008, working as follows:

1. 1994-1995- Helper/ Laborer on a GSA Courthouse, Hilo, HI- build 2 shafts, install hydraulic elevators and all related electrical.
2. 1997-1998 Helper on GSA Courthouse, Macon, GA- Remove, extend shaft upwards; install new prisoner's traction elevator.
3. 1998-1999- Helper on IRS Bldg., Greensboro, NC- Modernize 2 traction elevators; install complete bldg. fire alarm system.
4. 2000-2001 2nd mechanic on Camp Lejeune, NC- Modernize 5 hydraulic elevators.
5. 2001-2003 2nd mechanic on VAMC, Cheyenne, WY- Modernize 5 traction elevators.
6. 2003-2004 2nd mechanic on Naval Facility, Ft. Worth, TX- Modernize 4 hydraulic elevators.
7. 2004-2005 2nd mechanic on Leavenworth Prison, KS- Modernize 5 traction elevators.
8. 2004-2007- 2nd mechanic on USPS, Cincinnati, OH- Modernized 7 hydraulic and 7 traction elevators.
9. 2008- 2nd mechanic on GSA Federal Bldg., Seattle, WA- modernize 4 gearless elevators.

My brother and I started at the same time 2000 we have learned the complete removal and installation of class A.

Anthony R Vuocolo, Mechanic



PKD, INC.

PKD, Inc.

(DBA Total Systems Contracting)

108 River Bluff Drive, Boerne, TX 78006

Ph.(830)537-5475

ddaniels@pkdincorporated.com

Fax(830)537-5476



RICK SNYDER
GOVERNOR

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

MIKE ZIMMER
ACTING DIRECTOR

December 15, 2014

TO: Members of the Elevator Safety Board
FROM: C.W. Rogler, Chief, Elevator Safety Division *CWR*
SUBJECT: Variance Request for University of Michigan, Glen Parking Structure

APPLICANT REPRESENTATIVE:
Tom Girard

APPLICANT:
University of Michigan, Facilities & Operations
326 East Hoover, Mail Stop B
Ann Arbor, MI 48109

AUTHORITY:
MCL 4083808(1)(C) of the Elevator Safety Board Act, 1967 PA 227

VARIANCE REQUEST:
A request has been made by the University of Michigan, Facilities & Operations department to allow the use of 36 inch platform toe guards on Serial number's 23433 & 23434 in lieu of the required 48 inch toe guards in order to utilize the existing pit depth. Additionally, the floors will be painted caution yellow and signage will be provided to indicate the shortened pit depth in the control room, the elevator pit and also on the 36" toe guards themselves.

APPLICABLE CODE SECTION:
ASME A17.1-2010 Section 2.15.9.2.

FINDINGS:
ASME A17.1-2010 Section 2.15.9.2.

RECOMMENDATION:
Staff recommends that this variance be approved only 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
www.michigan.gov/bcc • Telephone (517) 241-9302 • Fax (517) 241-9570



326 East Hoover, Mail Stop B
Ann Arbor, MI 48109-1002

December 12, 2014

Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Code/Elevator Safety Division
P.O. Box 30254
Lansing, Michigan 48909

Attention: Mr. Calvin Rogler; Chief Elevator Inspector

Re: University of Michigan Ann Arbor Campus
Glen Parking Structure
State of Michigan Existing Elevator Serial No's 23433 & 23434

Please consider this transmittal as a request to seek a variance from the State of Michigan Safety Board to the current safety code for Elevators and Escalators ASME A17.1 2010, specifically Section 2.15.9.2 which requires a 48" deep elevator platform toe-guard.

These elevators are currently been considered for major modernizations to improve their safety and reliability. This work includes their conversion from existing in-ground hydraulic systems to overhead traction MRL type systems; all elevator equipment, will be replaced.

As per the attached transmittal from SDI-Structure's an Engineering Consultant to the University of Michigan, providing deeper pit depths will create very serious concerns with the structural integrity of the existing structure due to foundation infringement and positioning.

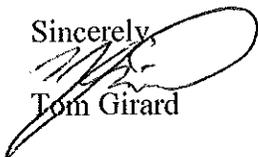
The existing elevator pit depths for both elevators is currently 48". We are seeking a variance to allow us to install 36" platform toe-guards in order to utilize the existing pit depth.

Our request has investigated using one of three options to obtain the stopping distance of less than or equal to 36". The options are dual braking, or rope gripper, collapsible toe guard. Additionally, we will paint the pit floors with a "caution yellow" paint as well as provide signage indicating a short pit depth in the elevator control rooms, elevator pits, and also on the car platform toe-guards themselves.

The rope gripper successfully demonstrated a capability to stop in 36" or less on previous job such as Modern Language Building of Michigan Existing Elevator Serial No's 54585 & 54586 which the Elevator Safety Board approved and successfully passed State Inspection.

We look forward to discussing the issues with you and answering any questions you may have at the next quarterly scheduled Elevator Safety Board meeting on January 23, 2015.

Sincerely,



Tom Girard

sdi

734 213-6091
andy@sdistructures.com

to UMAEC attention David Stockson
from Andy Greco P.E. project Glen Ave. Parking Structure

memo

date Nov. 3, 2014

David Stockson
Manager, Architectural Services

326 E. Hoover Ave.
Ann Arbor, Mi. 48104

David Stockson,

The existing elevator pits for the Glen Avenue parking structure are continuous foundations that support building columns and shaft walls that surround the pits. In order to lower the elevation of the existing pits the entire foundations would have to be underpinned. This would be a high risk undertaking as it may undermine the building columns and the shaft walls. Underpinning the foundations would present a significant safety concern during construction.

Regards,

Andy Greco P.E. Principal, Sdi-structures

Bureau of Construction Codes

Contractor's License No. 1578 Permit Fee \$ 128.00

Elevator Safety Division

LANSING, MICHIGAN

Check No. 19000828 Dated. Amount \$ 128.00 Received 10-8-86 50037

#23433

APPLICATION FOR PERMIT AND FINAL DATA REPORT

Subject to approval at time of inspection

Owner's name The Regents of University of Michigan Owner's address 326 E Hoover St, Ann Arbor Michigan 48109

Tenant's name Glen Avenue Parking Structure Location of elevator Glen & Catharine Streets, Ann Arbor, Michigan

Manufactured by Otis Elevator Company Manufacturer's Number 604537 Installed or altered by Otis Elevator Company Capacity 3000 This report covers One Pass Hydro Escalator Type of control Across the line starting

Rated speed 125 f.p.m. Number of landings 6 Rise of car 50 ft. 10 inches

CAR How operated from car Pushbutton From landing Pushbutton

Size of platform 4'9" x 6'8" Car enclosed on 3 sides to height of 96 inches

Number of car entrances one Safe edge yes Electric eye MEMO DETECTOR

Car doors or gates power operated yes sequence with hoistway doors YES NO

simultaneously with hoistway doors yes door return device yes

Emergency exits: Car top hinged NO Removable NO Side Panel NO Contact NO

Car construction material Steel CROSSHEAD Steel STILES Steel SAFETY PLANK Steel ENCLOSURE Steel TOP Steel PLATFORM

Type of car safety device A B C Others Anti-creep leveling provided yes

Power door operator OTIS Top of car operation provided yes Emergency call yes-6 Bell

Table with columns: CABLES, Hoisting, Governor, Selector, Compens. Rows: Number, Diameter, Material, Construction, Condition.

Cables (SINGLE OR DOUBLE WRAPPED) (1 TO 1 OR 2 TO 1) Fastenings (SHACKLES OR CLIPS) Slack Cable Device

Location Diameter of Sheaves DEFLECTOR CAR COUNTERWEIGHT

MACHINE ROOM Location Level 2 Adj. Access (STAIRS OR LADDER) Feet 71 (HEIGHT) Door yes Lock yes Light yes

Self closing self locking door provided yes Machine room fully enclosed yes

Machine type 94305 Power elec Type of Drive pump Type of Gear POS DIS Type of Brake NONE (RELEASED)

Diameter of Sheaves Sprocket & Pulleys (DRUM) (TRACTION) Type of Governor & Location Sealed

Governor Tripping Speed Phase Protection No H.P. 30 Voltage 480 A.C.; 120 (ELEV MOTOR) (OPERATING DEVICE)

Relief valve to conform with Rule 302.2 yes Mfg. of Pump OTIS Diameter of Piston 4.5 AIR WELDED

Vertical text on the right side: Date Filed, Permit Number, Date Inspected, State Serial Number, DEPT. USE ONLY

NEW INSTALLATION
 Contractor's License No. 1578
 Permit Fee \$ 128.00

MICHIGAN DEPARTMENT OF LABOR
Bureau of Construction Codes

Elevator Safety Division
 LANSING, MICHIGAN

Copy
 Check No. 14000827
 Dated 12.8.86
 Amount \$ 10.886
 Received 50036

#23434

APPLICATION FOR PERMIT AND FINAL DATA REPORT
 Subject to approval at time of inspection

Owner's name The Regents of University of Michigan
 Owner's address 326 E. HOOVER ST, ANN ARBOR, MI 48109
(NUMBER, STREET, CITY, STATE AND ZIP CODE)

Tenant's name GLEN AVENUE PARKING STRUCTURE
 Location of elevator GLEN + CATHYLINE STREETS, ANN ARBOR, MI 48109
(NUMBER, STREET, CITY, STATE AND ZIP CODE) LOCATION IN BUILDING

Manufactured by OTIS ELEVATOR COMPANY Manufacturer's Number 604536
 Installed or altered by OTIS ELEVATOR COMPANY Capacity 3000
 This report covers ONE PASS HYDRO Escalator _____ Type of control PULL THE LINE STRIKING
(ELECT. PASS. HYD. FT. ETC.)

Rated speed 125 f.p.m. Number of landings 6 Rise of car 50 ft. 10 inches

CAR
 How operated from car Push button From landing Push button
(HAND ROPE, CAR SWITCH, AUTO, PUSH BUTTON)

Size of platform 4'9" x 6'8" Car enclosed on 3 sides to height of 96 inches
(INSIDE)

Number of car entrances one Safe edge yes NO Electric eye NO yes Detector NO

Car doors or gates power operated yes sequence with hoistway doors yes
 simultaneously with hoistway doors yes door return device yes

Emergency exits: Car top hinged NO Removable NO Side Panel NO Contact NO
 Car construction material Steel Steel Steel Steel Steel Steel
CROSSHEAD STILES SAFETY PLANK ENCLOSURE TOP PLATFORM

Type of car safety device A B C Others _____ Anti-creep leveling provided yes
 Power door operator GOO Top of car operation provided yes Emergency call yes
(MFR. NAME)

CABLES	Hoisting	Governor	Selector	Compens.
Number	_____	_____	_____	_____
Diameter	_____	_____	_____	_____
Material	_____	_____	_____	_____
Construction	_____	_____	_____	_____
Condition	_____	_____	_____	_____

Cables _____ Fastenings _____ Slack Cable Device _____
(SINGLE OR DOUBLE WRAPPED) (1 TO 1 OR 2 TO 1) (SHACKLES OR CLIPS)
 Location _____ Diameter of Sheaves _____ DEFLECTOR CAR COUNTERWEIGHT

MACHINE ROOM Lowest level
 Location Level 2 Access -0- Feet 0' Door yes Lock yes Light yes
(STAIRS OR LADDER) (HEIGHT)

Self closing self locking door provided yes Machine room fully enclosed yes
 Machine type 7430S Power PHASE Type of Drive Direct Type of Gear PUS DIS Type of Brake 1/10IVE
 Diameter of Sheaves 1 1/4" DR0 AC Direct RELEASED
 Sprocket & Pulleys _____ (DRUM) (TRACTION) Type of Governor & Location _____ Sealed _____

Governor Tripping Speed _____ Governor Switch 430
 Phase Protection NO H.P. 30 Voltage 430 A.C.; D.C. 120 A.C.; D.C. _____
(ELEV. MOTOR) (OPERATING DEVICE)

Relief valve to conform with Rule 302.2 yes Mfg. of Pump DAIS Diameter of Piston 4.5
Alweiller

Date Filed _____ Permit Number 144770 Date Inspected _____ State Serial Number 12727

Glen Ave Parking Structure

Elevator Replacement and Improvements

Medical Campus
University Of Michigan
Ann Arbor, MI

M UNIVERSITY OF MICHIGAN
ARCHITECTURE, ENGINEERING AND CONSTRUCTION
326 East Hoover, Mail Stop E
Ann Arbor, MI 48109-1002
Phone: 734-764-3414
Fax: 734-936-3334

P0006303

U OF M PROJECT NO.

100331

BLDG NO.

SHEET TITLE

Mechanical

Construction Plan Pit area Through 7th Floor, Roof & Machine Room

SHEET NO.

M2.2

SHEET NO. 015 OF 24

SHEET FILE NO. P6303M-22.DGN

