



RICK SNYDER  
GOVERNOR

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

STEVE ARWOOD  
DIRECTOR

**ELEVATOR SAFETY BOARD**

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

**AGENDA**

January 24, 2014

9:30 a.m.

1. Call to Order and Determination of Quorum
2. Approval of Agenda (Pages 1-2)
3. Approval of Minutes – November 1, 2013 (Pages 3-7)
4. Review of Elevator Contractor Examination Applications:
  - a. Kevin Douglas Bragg, Class A (Pages 8-11)
  - b. Jeremy T. Hume, Class A (Pages 12-17)
  - c. Michael Sovis, Class A (Pages 18-21)
5. Review of Elevator Journeyman Examination Applications:
  - a. Jamaal Anderson, Class A (Pages 22-25)
  - b. William C. Brown, Class A (Pages 26-30)
  - c. Vincent Fortune, Class A (Pages 31-34)
  - d. Matthew A. Harvey, Class A Re-Exam (Pages 35-39)
  - e. David Kowalski, Class A Re-Exam (Pages 40-44)
  - f. Ryan L. Schuring, Class A Re-Exam (Pages 45-49)
  - g. Armin Werner Seeger, Class A Re-Exam (Pages 50-65)
  - h. Richard J. Shaughnessy II, Class A (Pages 66-69)
  - i. Douglas Andrew Vandiver, Class A (Pages 70-76)
  - j. Angelo Vuocolo, Class C (Pages 77-80)

*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



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6. Waiver Requests

- a. ThyssenKrupp Elevator, McKay Tower, Grand Rapids Michigan. (Pages 81-87)

7. Unfinished Business

- a. People's Church, Kalamazoo, Michigan, variance request follow up from June 2012 board meeting.

8. Legislative Update

9. Division Report

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

10. New Business

11. Public Comment

12. Next Meeting Date – March 28, 2014

13. Adjournment

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**ELEVATOR SAFETY BOARD**

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

**MINUTES**

November 1, 2013  
9:30 a.m.

**MEMBERS PRESENT**

Mr. David Flint, Chair  
Mr. David Kuras, Vice Chair  
Mr. William Kogelschatz  
Mr. Antwane Maddox  
Ms. Erin Modiano  
Mr. Irvin J. Poke  
Mr. Donald J. Purdie, Jr.  
Mr. Mark A. Smith  
Mr. David Taylor

**MEMBERS ABSENT**

Mr. Eric Thomas

**DEPARTMENT PERSONNEL ATTENDING**

Mr. Calvin Rogler, Chief, Elevator Safety Division  
Ms. Lynn Weston, Office Supervisor, Elevator Safety Division  
Ms. Laurie Bass, Departmental Analyst, Elevator Safety Division  
Mr. Ralph Arceo, General Inspector, Elevator Safety Division  
Mr. Wayne Levering, General Inspector, Elevator Safety Division  
Mr. Keith Lambert, Deputy Director, BCC

**OTHERS IN ATTENDANCE**

Mr. Steve Stark, Detroit Elevator Co.  
Mr. Chris Frump, Detroit Elevator Co.  
Mr. Khal Amat, University of Michigan  
Mr. Jere Otjens, University of Michigan  
Mr. Michael Ross, Schindler Elevator Co.  
Mr. Mark Pawlowski, Schindler Elevator Co.

*Providing for Michigan's Safety in the Built Environment*

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

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

2. **APPROVAL OF AGENDA**

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

3. **APPROVAL OF MINUTES**

A **MOTION** was made by Board member David Kuras and seconded by Board member Mark A. Smith to approve the minutes of the **August 23, 2013** board meeting. **MOTION CARRIED.**

4. **REVIEW OF ELEVATOR CERTIFICATE OF COMPETENCY APPLICATIONS:**

- a. Edwin R. Vogl, General Inspector – (Passed)

Following a review of experience and discussion by the board, a **MOTION** was made by Board member William Kogelschatz and seconded by Board member Mark A. Smith to approve Edwin R. Vogl to take the Certificate of Competency examination. **MOTION CARRIED**

- b. Dennis Keeley, General Inspector

Following a review of experience and discussion by the board, a **MOTION** was made by Board member William Kogelschatz and seconded by Board member David Kuras to approve Dennis Keeley to take the Certificate of Competency examination. **MOTION CARRIED**

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

- a. James C. Cole, Jr., Class C

Following a review of experience and discussion by the board, a **MOTION** was made by Board member David Kuras and seconded by Board member Irvin Poke to approve James C. Cole, Jr. to take the Class C Contractor examination. **MOTION CARRIED.**

- b. Brian Matson, Class A, Re-Exam

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

Due to his close affinity to Brian Matson, Board member Antwane Maddox recused himself from the above review and discussion.

6. **REVIEW OF ELEVATOR JOURNEYPerson APPLICATIONS:**

- a. Daniel N. Crosby Sr., Class A

Following a review of experience and discussion by the board, a **MOTION** was made by Board member William Kogelschatz and seconded by Board member Mark A. Smith to approve Daniel N. Crosby Sr. to take the Class A Journeyperson examination. **MOTION CARRIED.**

- b. Matthew Harvey, Class A

Following a review of experience and discussion by the board, a **MOTION** was made by Board member David Kuras and seconded by Board member Donald J. Purdie, Jr. to approve Matthew Harvey to take the Class A Journeyperson examination. **MOTION CARRIED.**

- c. David Kowalski, Class A

Following a review of experience and discussion by the board, a **MOTION** was made by Board member William Kogelschatz and seconded by Board member Irvin Poke to approve David Kowalski to take the Class A Journeyperson examination. **MOTION CARRIED.**

- d. Terry Lawrence, Class C

Following a review of experience and discussion by the board, a **MOTION** was made by Board member William Kogelschatz and seconded by Board member Irvin Poke to postpone Terry Lawrence's request to take the Class C Journeyperson examination until the next board meeting and additional work history documentation shall be provided. **MOTION CARRIED.**

- e. Arnim Werner 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 A. Smith to approve Arnim Werner Seeger to take the Class A Journeyperson examination. **MOTION CARRIED.**

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

The following applicants were not reviewed by the board:

- a. Michael A. Kuderik, Class A Journeyperson, Re-Exam (Passed)  
b. Michael McClanahan, Class A Journeyperson, Re-Exam (Passed)

7. **WAIVER REQUESTS**

- a. Detroit Elevator Co., University of Michigan, Modern Languages Building, Ann Arbor, Michigan.

Due to their close affinity to University of Michigan and Detroit Elevator Co, Chairperson David Flint and Board member Donald J. Purdie, Jr. recused themselves. Vice Chair David Kuras assumed the chairperson role for the duration of this discussion.

A request has been made by Detroit Elevator Co. for a variance to allow a 36 inch deep platform Toe guards (existing guards are 25") in order to utilize the existing pit depth. Providing deeper pit depths have created concerns with the structural integrity of the existing building.

A **MOTION** was made by Board member Mark A. Smith and seconded by Board member William Kogelschatz to approve the variance request of section 2.15.9.2 and allow 36 inch deep platform toe guard in order to utilize the existing pit depth with appropriate proper signage in the machine room or control space adjacent to the controller. Signage shall state "When unintended car movement is detected the emergency brake must stop and hold the car in less than 36 inches". Based on recent approvals for similar requests, the **MOTION** is made to approve.

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

8. **UNFINISHED BUSINESS**

- a. People's Church, Kalamazoo, Michigan, variance request follow up from June 2012 board meeting.

Per Chief Rogler, progress is moving forward and this issue should be resolved by the next board meeting.

9. **LEGISLATIVE UPDATE**

Discussion regarding Senate Bill No. 576

10. **DIVISION REPORT**

- a. Chief's Report – C. Rogler
- b. Accident Report Reviewed

No discussion.



**Application for Elevator Contractor License Examination**  
 Michigan Department of Licensing and Regulatory Affairs  
 Bureau of Construction Codes  
 Elevator Safety Division  
 P.O. Box 30255, Lansing, MI 48909  
 517-241-9337  
 www.michigan.gov/bcc

OFFICE USE ONLY	
DIVISION ACTION	DATE
<input checked="" type="checkbox"/> SUBMITTED TO BOARD	12.10.13
<input type="checkbox"/> REJECTED	INITIALS
BOARD ACTION	DATE
<input type="checkbox"/> APPROVED	
<input type="checkbox"/> REJECTED	

EXAMINATION FEE: \$100.00 (nonrefundable)

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

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

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION?  No  Yes

Tran Info: 193 19098760-1 12/03/13  
 Chk#: [REDACTED] Amt: \$100.00  
 ID: KEVIN BRAGG

**APPLICANT INFORMATION**

CLASS		
<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C - Device Type _____
NAME		TELEPHONE NUMBER (Include Area Code)
Kevin Douglas Bragg		[REDACTED]
[REDACTED]		

**COMPANY REPRESENTING**

COMPANY NAME		
Michigan State University		
ADDRESS		BUSINESS TELEPHONE NUMBER (Include Area Code)
1147 Chestnut rd.		517-432-0514
CITY	STATE	ZIP CODE
East Lansing	MI	48824

**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		
Elevator Technology (Susan Borowick)			Michigan State Univ (Robert. Schumacher)		
ADDRESS			ADDRESS		
4628 St. Aubin			1147 Chestnut rd		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Detroit	MI	48207	East Lansing	MI	48824
NAME			NAME		
Warren Morche			[REDACTED]		
ADDRESS			ADDRESS		
[REDACTED]			[REDACTED]		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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

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

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

NAME OF PRESENT OR LAST EMPLOYER <i>Michigan State University</i>			DATES EMPLOYED (Month / Day / Year)	
ADDRESS		CITY	STATE	FROM: TO:
			<i>Michigan</i>	<i>7-5-2011 Present</i>
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <i>Journeyperson.</i>			YOUR SUPERVISOR'S NAME AND TITLE <i>Robert Schumacher</i>	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>Maintenance, Service, Repair</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>Traction geared &amp; gearless, Hydraulic (direct &amp; roped) Stage lifts.</i>				
NAME OF PREVIOUS EMPLOYER <i>Elevator Technology, Inc</i>			DATES EMPLOYED (Month / Day / Year)	
ADDRESS		CITY	STATE	FROM: TO:
<i>4628 St. Aubin</i>		<i>Detroit</i>	<i>Michigan</i>	<i>5/11/2006 7/5/2011</i>
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <i>Apprentice, Journeyperson</i>			YOUR SUPERVISOR'S NAME AND TITLE <i>Ervin Balen / Owner</i>	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>Construction, Maintenance, Service, Repair and Hoists.</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>Hoists, Traction (geared, gearless) Hydraulic (direct, roped) Stage lift, Escalators</i>				
NAME OF PREVIOUS EMPLOYER <i>Antech Elevator</i>			DATES EMPLOYED (Month / Day / Year)	
ADDRESS		CITY	STATE	FROM: TO:
<i>99 West Willis St.</i>		<i>Detroit</i>	<i>Michigan</i>	<i>8/10/2000 5/10/2006</i>
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <i>Apprentice</i>			YOUR SUPERVISOR'S NAME AND TITLE <i>Steve Carter / Branch Manager</i>	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>Hoist Construction, Maintenance, Service, Repair.</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>Traction (geared, gearless), Hydraulic (direct) sidewalk, escalators, Hoists</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>[Signature]</i>	DATE <i>12-3-13</i>

# Elevator Technology, Inc.

4628 St. Aubin  
Detroit, MI 48207  
Phone 313-832-2440  
Fax 313-832-1618

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October 8, 2013

MI. Dept. of Consumer & Industry Services  
Elevator Division  
P.O. Box 30254  
Lansing, MI 48909

Re: Kevin Bragg SS# [REDACTED]

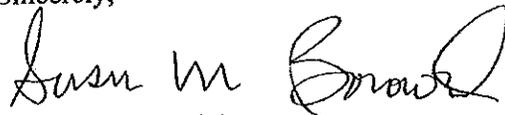
To Whom It May Concern:

This letter is to confirm that Kevin Bragg was employed with Elevator Technology, Inc. from May 11, 2006 thru July 15, 2011.

Please be advised that during his employment he gained experience in maintaining and servicing elevator equipment as well as construction and installation.

If I can be of further assistance please contact me at [REDACTED]

Sincerely,



Susan M. Borowiak  
Manager

# MICHIGAN STATE UNIVERSITY

November 7, 2013

MI Dept. of Consumer & Industry Services  
Elevator Safety Division  
P.O. Box 30254  
Lansing, Michigan 48909

Re: Kevin Bragg

To Whom this May Concern;

This Letter is to confirm that Kevin Bragg has worked for Michigan State University since July of 2011, his duties have been Elevator Mechanic 2<sup>nd</sup> shift .



Kevin's daily duties have been and are not limited to Service, Repair & Modernization work on campus. Kevin also holds a current QEI.

**Physical Plant  
Division**

If I can be of further assistance please contact me [REDACTED]

Michigan State  
University  
Physical Plant Building  
East Lansing, MI  
48824-1215

Sincerely,

A handwritten signature in black ink that reads "Robert Schumacher".

[www.pp.msu.edu](http://www.pp.msu.edu)

Robert Schumacher  
Skilled Trades Supervisor  
Elevator and Key Shops

**Application for Elevator Contractor License Examination**  
**Michigan Department of Energy, Labor & Economic Growth**  
 Bureau of Construction Codes  
 Elevator Safety Division  
 P.O. Box 30255, Lansing, MI 48909  
 517-241-9337  
 www.michigan.gov/bcc

OFFICE USE ONLY

DIVISION ACTION	DATE
<input checked="" type="checkbox"/> SUBMITTED TO BOARD	1.2.14
<input type="checkbox"/> REJECTED	LAB
BOARD ACTION	DATE
<input type="checkbox"/> APPROVED	
<input type="checkbox"/> REJECTED	

EXAMINATION FEE: \$100.00 (nonrefundable)

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

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

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION?     No     Yes

Trans Info: 19182517-1 12/23/13  
 Check: [REDACTED] Amt: \$100.00  
 ID: JEREMY HUME

**APPLICANT INFORMATION**

CLASS	<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C - Device Type	
NAME	JEREMY T HUME	[REDACTED]
PHONE NUMBER (Include Area Code)	[REDACTED]	

**COMPANY REPRESENTING**

COMPANY NAME		
DETROIT EDISON		
ADDRESS		BUSINESS TELEPHONE NUMBER (Include Area Code)
4505 KING RD		313 580 5029
CITY	STATE	ZIP CODE
CHINA TWP.	MI	48054

REFERENCES - Enter below the names and addresses of three references and submit not less than two (2) written references with this application from those listed certifying your years of experience as an elevator constructor, journey person or equivalent.

NAME	NAME	
Sean Scheuber	Greg RATBYLSKI	
ADDRESS	ADDRESS	
[REDACTED]	[REDACTED]	
NAME	NAME	
JEFF SEXTON		
ADDRESS	ADDRESS	
[REDACTED]	[REDACTED]	
CITY	STATE	ZIP CODE

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

2201673

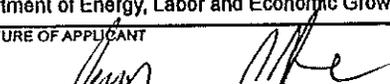
**EMPLOYMENT HISTORY - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)**

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 <b>DETROIT Edison</b>			DATES EMPLOYED (Month / Day / Year) FROM: 3/24/2010 TO: Present	
ADDRESS <b>4901 POINTE D'OR</b>	CITY <b>E. CHINA TWP</b>	STATE <b>MI</b>		
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) <b>ELEVATOR Journeyman</b>		YOUR SUPERVISOR'S NAME AND TITLE <b>CHRIS HENDRIX</b>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <b>MAINTAIN, SERVICE, &amp; REPAIRS OF PERSONAL HOISTS, ELEVATORS, HYDRAULIC ELEVATORS, &amp; ESCALATORS.</b>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <b>Geared TRACTION, Gearless TRACTION Hydraulic, Personal Hoists &amp; Escalators.</b>				
NAME OF PREVIOUS EMPLOYER <b>OTIS ELEVATOR</b>			DATES EMPLOYED (Month / Day / Year) FROM: 8-28-2008 TO: 3-25-2010	
ADDRESS <b>25365 INTERCHANGE CT</b>	CITY <b>FARMINGTON</b>	STATE <b>MI</b>		
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) <b>APPRENTICE</b>		YOUR SUPERVISOR'S NAME AND TITLE <b>RICH CAMPBELL</b>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <b>ELEVATOR MODERNIZATION, &amp; SERVICE</b>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <b>GEARED TRACTION, Gearless TRACTION Hydraulic, Escalators</b>				
NAME OF PREVIOUS EMPLOYER <b>ELEVATOR TECHNOLOGY</b>			DATES EMPLOYED (Month / Day / Year) FROM: 5-14-2007 TO: 7-16-2008	
ADDRESS <b>4628 ST. AUBIN</b>	CITY <b>DETROIT</b>	STATE <b>MI</b>		
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) <b>APPRENTICE</b>		YOUR SUPERVISOR'S NAME AND TITLE <b>WAYNE BOLEN</b>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <b>CONSTRUCTION, MAINTENANCE, SERVICE, MODERNIZATION</b>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <b>Geared traction, Gearless TRACTION Hydraulic, PERSONAL HOISTS, ESCALATORS, MOVING WALKS</b>				

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

**CERTIFICATION AND SIGNATURE**

I certify all statements are true to the best of my knowledge and that all work shall be done according to the State of Michigan elevator law, rules and regulations adopted by the Elevator Safety Board.	
I also certify I am actively employed by the company I'm representing and that in the event of my leaving said firm, agree to immediately notify the Michigan Department of Energy, Labor and Economic Growth, Bureau of Construction Codes.	
SIGNATURE OF APPLICANT 	DATE <b>12-10-2013</b>

**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 <b>AMTECH ELEVATOR</b>			DATES EMPLOYED (Month / Day / Year) FROM: <b>11-29-99</b> TO: <b>5-14-2007</b>	
ADDRESS <b>99 W. Willis</b>	CITY <b>DETROIT</b>	STATE <b>MI</b>		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <b>APPRENTICE</b>		YOUR SUPERVISOR'S NAME AND TITLE <b>STEVE CARTER (MANAGER)</b>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <b>MAINTENANCE, SERVICE, REPAIR, MODERNIZATION ON ELEVATORS, ESCALATORS, DUMBWAITERS</b>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Skidwalk, Escalators, etc.) <b>Gearless &amp; GEARED, HYDRAULIC (DIRECT) ELEVATORS, ESCALATORS, &amp; STAGE LIFTS</b>				
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year) FROM: TO:	
ADDRESS	CITY	STATE		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.)		YOUR SUPERVISOR'S NAME AND TITLE		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.)				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Skidwalk, Escalators, etc.)				
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year) FROM: TO:	
ADDRESS	CITY	STATE		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.)		YOUR SUPERVISOR'S NAME AND TITLE		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.)				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Skidwalk, Escalators, etc.)				

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

**CERTIFICATION AND SIGNATURE**

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



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 

January 27, 2005

Michigan Department of Consumer  
And Industry Services  
Bureau of Construction Codes  
PO Box 30254  
Lansing, MI. 48909

To Whom It May Concern:

This letter is to attest the start date in the Elevator Industry of  
Jeremy T. Hume, social security number [REDACTED]  
being 11-29-99.

Please be further advised that he has experience in , installation, maintaining and  
servicing elevator equipment.

Hoping this information is both useful and complete, we are:

Sincerely,

Richard A. Egerer  
Business Manager / Financial Secretary

David Kuras  
Business Representative

RAE/bs

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

**DTE Energy**



City of Detroit  
Buildings and Safety Engineering Department  
Safety Engineering Inspection Division-Examination Section  
Room 104 City County Building  
Detroit, MI 48226-224-3184

Dear Gentlemen,

This letter is to verify the employment of Jeremy Hume at DTE Energy. Jeremy Hume has worked as an Elevator Journeyman at DTE Energy since March 25, 2010. Jeremy 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.

Handwritten signature of Christopher Hendrix.

Christopher Hendrix  
Supervisor  
4901 Pointe Drive  
East China Twp., MI 48122  
810-326-6132 (Office)  
[REDACTED] (Cell)

License: 2201673 Location: \_\_\_\_\_  
Status: ISSUED LICENSEE: HUME, JEREMY T  
Date: 03/19/2009

Back Stop

- People
- Screen
- Fees
- Desc
- L/H/N
- Loc
- Relate

### Base Information

Status: **ISSUED** Status Change Date: 03/19/2009  
 Hold: \_\_\_\_\_  
 Hold Date: / /  
 License Type: **CLASS A** UNLIMITED

Journey #: 2201673  
 Alt Number: 1673  
 Journey: HUME, JEREMY T  
 Address: \_\_\_\_\_  
 Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 County: 50 MACOMB

Applied: 03/19/2009  
 Original Issue: 03/19/2009  
 Effective: 01/28/2013  
 Renewal: 01/03/2013  
 Expires: 03/19/2014  
 Late Note: / /  
 Inactive: / /

License: (Y/N): Y \$40.00  
 Alternative Exam Fee: N \$0.00  
 BALANCE DUE: \$0.00

Update | Exit | Back



**Application for Elevator Contractor License Examination**  
 Michigan Department of Licensing and Regulatory Affairs  
 Bureau of Construction Codes  
 Elevator Safety Division  
 P.O. Box 30255, Lansing, MI 48909  
 517-241-9337  
 www.michigan.gov/bcc

OFFICE USE ONLY

DIVISION ACTION	DATE
<input checked="" type="checkbox"/> SUBMITTED TO BOARD	1-3-14
<input type="checkbox"/> REJECTED	INITIALS
	LAB
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 journey person in the type of elevator work for which they desire the license.
- Submit 2 written references.
- Examination applications not properly completed will be rejected.
- The examination fee must accompany this application. Make check or money order payable to the **State of Michigan**.
- Mail completed examination application and fee to address listed above.

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION?  No  Yes

Tran Info: 183 19190831-1 12/27/13  
 Chk#: [REDACTED] Amt: \$100.00  
 ID: MICHAEL SOVIS

**APPLICANT INFORMATION**

CLASS	<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C - Device Type
NAME	MIKE SOVIS
SOCIAL SECURITY NUMBER*	[REDACTED]
TELEPHONE NUMBER (Include Area Code)	[REDACTED]

**COMPANY REPRESENTING**

COMPANY NAME	KONE INC		
ADDRESS	11864 BELDEN CT		
BUSINESS TELEPHONE NUMBER (Include Area Code)	734-513-6944		
CITY	STATE	ZIP CODE	
LIVONIA	MI	48150	

**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	DAVID PAXSON		
ADDRESS	[REDACTED]		
CITY	STATE	ZIP CODE	
NAME	MICHELLE GRIFFIN-SAVITSKIE		
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.

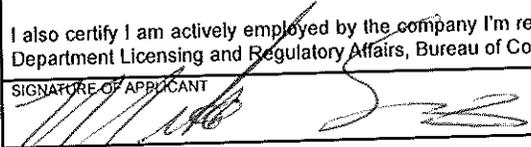
NAME OF PRESENT OR LAST EMPLOYER <b>KONE INC</b>			DATES EMPLOYED (Month / Day / Year) FROM: TO: <b>1985 TO PRESENT</b>	
ADDRESS <b>11864 Belden CT</b>	CITY <b>Livonia</b>	STATE <b>MI</b>		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <b>INSTALLATION Supt</b>		YOUR SUPERVISOR'S NAME AND TITLE <b>DAVE MAXSON</b>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <b>Supervise install &amp; mod trams</b>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <b>ALL equipment including TRACTION &amp; Hydraulic elevators/escalators</b>				
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year) FROM: TO:	
ADDRESS	CITY	STATE		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.)		YOUR SUPERVISOR'S NAME AND TITLE		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.)				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.)				
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year) FROM: TO:	
ADDRESS	CITY	STATE		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.)		YOUR SUPERVISOR'S NAME AND TITLE		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.)				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.)				

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

**CERTIFICATION AND SIGNATURE**

I certify all statements are true to the best of my knowledge and that all work shall be done according to the State of Michigan elevator law, rules and regulations adopted by the Elevator Safety Board.

I also certify I am actively employed by the company I'm representing and that in the event of my leaving said firm, agree to immediately notify the Michigan Department Licensing and Regulatory Affairs, Bureau of Construction Codes.

SIGNATURE OF APPLICANT 	DATE <b>12/23/13</b>
---	-------------------------

Detroit Branch Office



December 23, 2013

Calvin W. Rogler  
Elevator Safety Division  
Bureau of Construction Codes  
2501 Woodlake Circle  
Okemos, MI 48864

David Paxson  
Branch Manager

KONE Inc.  
11864 Belden Court  
Livonia, MI 48150  
Tel 734-513-6944 x208  
Mobile 734-341-9058  
Email [david.paxson@kone.com](mailto:david.paxson@kone.com)  
[www.kone.us/detroit](http://www.kone.us/detroit)

RE: Mike Sovis  
Class A Elevator Contractors License Exam

Dear Mr. Rogler:

I am writing on behalf of Mike Sovis as a testament of his experience in the elevator industry as it relates to his qualifications to sit for the State of Michigan Class A Contractors License. I have known Mike personally and professionally since September of 1995.

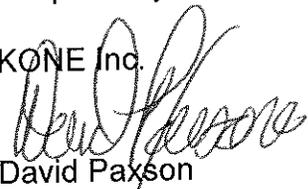
Mike started in the Elevator industry in 1985 as an IUEC helper. He attained is journey person status in 1987. Mike has been involved in nearly all aspects of the business including; construction, service and repair, modernization and preventive maintenance.

In 1997 Mike accepted a supervisory position to lead our field staff. In nearly 17 years in this role, Mike has successfully led our construction, modernization, service and repair departments. He has done an exemplary job of ensuring all work was performed in strict accordance with ANSI A17.1 requirements and KONE policies.

Mike Sovis has 28 years of elevator industry experience. His successful career as an elevator man should afford him the opportunity to sit for the State of Michigan Class A Contractors License examination.

Respectfully,

KONE Inc.

  
David Paxson  
Branch Manager, Detroit

DETROIT OFFICE 190



Elevators Escalators

December 23, 2013

Calvin W. Rogler  
Elevator Safety Division  
Bureau of Construction Codes  
2501 Woodlake Circle  
Okemos, MI 48864

KONE Inc.  
11864 Belden Ct.  
Livonia, MI, 48150  
734-513-6944  
734-513-6948 Fax  
Michelle.griffin@kone.com

RE: Michael Sovis  
Class A Elevator Contractors License Exam

Dear Mr. Rogler;

I am writing on behalf of Michael Sovis as a testament of his experience in the elevator industry as it relates to his qualification to sit for the State of Michigan Class A Contractors License. I have known Michael professionally since May of 1998.

Since I have known him, he has worked his way up from a helper to supervisory position. He has been involved in nearly all aspects of the business including; construction, modernization, service and repair and preventative maintenance. He has been successful in each department.

Michael accepted a supervisory position in 1997 and has been successful in leading our construction, modernization service and repair departments. He has done an exemplary job of ensuring all work was performed in the strict accordance with ANSI A17.1 requirements and KONE polices.

Michael Sovis has 28 years of elevator industry experience under his belt. His successful career as an elevator man should afford him the opportunity to sit for the State of Michigan Class A Contractors License examination.

Sincerely,

KONE Inc.

A handwritten signature in cursive script that reads "Michelle Griffin-Savitskie".

Michelle Griffin-Savitskie  
Administrative 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

OFFICE USE ONLY

<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED	DATE <u>1.7.14</u>
	INITIALS <u>JAB</u>

**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 19182511-1 12/25/13  
 Check: [REDACTED] Amt: \$100.00  
 ID: JAMAAL ANDERSON

**APPLICANT INFORMATION**

CLASS <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C - Device Type
NAME <u>Jamaal Anderson</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>1994</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>Cass Technical High School</u> <u>2501 2nd Ave. Detroit, Mi</u>			
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE		BACHELORS DEGREE?	
Name <u>Western Michigan University</u>	Location <u>Kalamazoo, Mi</u>	Date <u>8-94 thru 4-98</u>	<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 _____	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 Raymond Anderson	NAME Lisa Prewitt
NAME Tamara Anderson	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 Detroit Elevator Company			DATES EMPLOYED (Month / Day / Year)	
ADDRESS 2121 Burdette			CITY Ferndale	STATE Mi
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) Apprentice			YOUR SUPERVISOR'S NAME AND TITLE Steve Stark	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) New Construction, Modernization, Service				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Traction (geared + gearless), Hydraulic (direct + roped), Escalators				
NAME OF PREVIOUS EMPLOYER Detroit Elevator Company			DATES EMPLOYED (Month / Day / Year)	
ADDRESS 2121 Burdette			CITY Ferndale	STATE Mi
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) Apprentice			YOUR SUPERVISOR'S NAME AND TITLE Steve Stark	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) New Construction, Modernization, Service				
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 Jamaal Anderson	DATE 12-20-13



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 17, 2013

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 Jamaal Anderson as being July 21, 1999. As of September 2013 he has worked a total of 24,501 hours, which works out to be 14 years and 5 months 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,

Timothy J. Goss  
Business Representative  
I.U.E.C. Local 36

DETROIT



ELEVATOR COMPANY

SINCE 1914

December 17, 2013

State of Michigan  
Bureau of Const. Codes  
Elevator Safety Division  
P.O. Box 30255  
Lansing, MI 48909

RE: Mr. Jamaal Anderson

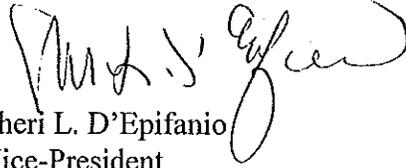
To Whom it may Concern,

Please be advised that Mr. Jamaal Anderson has been employed at Detroit Elevator Company since December 4, 2012. Mr. Anderson has experience in the installation and alteration of elevators.

If you have any questions, please do not hesitate contacting Detroit Elevator Company.

Thank you,

DETROIT ELEVATOR COMPANY

  
Sheri L. D'Epifanio  
Vice-President

**Application for Elevator Journeyman License Examination**  
 Michigan Department of Licensing and Regulatory Affairs  
 Bureau of Construction Codes / Elevator Safety Division  
 P.O. Box 30255, Lansing, MI 48909  
 517-241-9337  
 www.michigan.gov/bcc

OFFICE USE ONLY	
<input checked="" type="checkbox"/> APPROVED	DATE <u>10-4-13</u>
<input type="checkbox"/> REJECTED	INITIALS <u>LAP</u>

**EXAMINATION FEE: \$100.00 (nonrefundable)**

Authority: 1976 PA 233 Completion: Mandatory As Required By Section 6 Penalty: Examination Will Not Be Given	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
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**IMPORTANT - READ CAREFULLY**

- This application must be on file in the office of the Elevator Safety Division, Department of Licensing and Regulatory Affairs, Bureau of Construction Codes, P.O. Box 30255, Lansing, Michigan, 48909, on or before the twentieth day proceeding the date of the examination.
- Applicants must have 3 years of continuous experience in the type(s) of elevator work in which they desire to be licensed. A degree in electrical or mechanical engineering may be substituted for 1 year of experience.
- Provide 2 written references.
- Examination applications not properly completed will be rejected.
- The examination fee must accompany this application. Make check or money order payable to the State of Michigan.
- Mail completed examination application and fee to address listed above.

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION?  No  Yes

Trans Info: 180 10973943-1 10/01/13  
 Check: [REDACTED] Amt: \$100.00  
 ID: WILLIAM BROWN

**APPLICANT INFORMATION**

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

**EDUCATION AND TRAINING**

CHECK THE HIGHEST GRADE COMPLETED

6 or Less  7  8  9  10  11  12

DID YOU GRADUATE?  Yes, Year 1984  No

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

NAME AND ADDRESS OF HIGH SCHOOL  
Blissfield High school  
Blissfield, MI

COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE	BACHELORS DEGREE?	CREDITS EARNED	
		UNDERGRADUATE	GRADUATE
Name _____ Location _____ Date _____	<input type="checkbox"/> Yes, Date _____ <input type="checkbox"/> No Major _____ Minor _____	Term _____ Semester _____	Term _____ Semester _____
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 <b>Bob FREDRICKS (CBA)</b>	NAME <b>GARY LARIMORG (Thyssen Krupp)</b>
NAME <b>Steve Cook (supervisor)</b>	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 <b>Schindler ELEVATOR</b>		DATES EMPLOYED (Month / Day / Year) FROM: <b>APRIL 2013</b> TO: <b>PRESENT</b>	
ADDRESS	CITY <b>South Bend</b>	STATE <b>IN</b>	
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) <b>Assistant Mechanic</b>		YOUR SUPERVISOR'S NAME AND TITLE <b>Steve Cook</b>	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <b>NEW CONSTRUCTION, SERVICE, REPAIR, &amp; MAINT.</b>			
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stages Lift, Sidewalk, Escalators, etc.) <b>TRACTION, hydraulic, &amp; ESCALATORS</b>			
NAME OF PREVIOUS EMPLOYER <b>Thyssen KRUPP ELEVATOR</b>		DATES EMPLOYED (Month / Day / Year) FROM: <b>2000</b> TO: <b>2012</b>	
ADDRESS <b>6668 McNARD</b>	CITY <b>Tolodo</b>	STATE <b>OH</b>	
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) <b>Mechanic</b>		YOUR SUPERVISOR'S NAME AND TITLE <b>DON COOK - CHANGED MANY TIMES</b>	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <b>Construction, Adjusting, Maint, REPAIR, SERVICE</b>			
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stages Lift, Sidewalk, Escalators, etc.) <b>hydraulic, TRACTION</b>			

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 <b>William C. Brown</b>	DATE <b>9-23-13</b>
---	------------------------



LOCAL UNION NO. 44

OF THE

# International Union of Elevator Constructors

AFFILIATED WITH THE AFL - CIO

PHONE (419) 242-7902



FAX (419) 242-6627

Friday, September 20, 2013

Elevator Safety Division  
Elevator Safety Board  
P.O. Box 30255  
Lansing, MI 48909  
United States of America

Dear Elevator Safety Division,

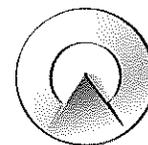
Subject: Reference Elevator Journeyman Licensing

Please allow this to serve as both a verification of employment status as well a letter of reference to enable the understated to qualify for a Class A Elevator Journeyman License. William C. Brown, SSN XXX-XX-██████ has been employed in the elevator industry since March 06, 2000. Billy has worked for various elevator contractors throughout his career in the industry. Billy has experience in construction, modernization and maintenance. Mr. Brown completed the necessary National Elevator Industry Educational Program (NEIEP) courses that entitled him to sit for the mechanic's examination and consequently became a NEIEP/IUEC mechanic in September of 2005. Mr. Brown has worked a total of 22,286.5 hours through the July 2013 benefits reporting period.

Respectfully,  
Robert J. Fredericks

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

cc: William C. Brown  
file



**Schindler**

Sept 23, 2013

State of Michigan  
Department of Labor  
Bureau Construction Codes  
P.O. Box 30015  
Lansing, Michigan 48909

Gentleman:

William Brown has been employed by in the elevator industry.  
Since the year 2000.

Mr. Brown does not hesitate to take on new projects in the industry.  
He has experience in maintenance, repairs, servicing, inspection, and installation,  
And is very knowledgeable in these areas.

We do not hesitate to recommend Mr. Brown for this Journey person  
License. He is dependable, honest and maintains high standards of the industry.

Very truly yours,

Schindler Elevator Service Company

Steve Cook

Supervisor Service and Mod operations.



## National Elevator Industry Educational Program

Eleven Larsen Way -- Attleboro Falls, MA 02763-1068  
 (508) 699-2200 -- Fax: (508) 699-2495

### Student Certificate Statement

**William C. Brown**

**Certification #: 37241**

**Hire Date: 3/6/2000**

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  
 Friday September 20, 2013

**4 Years of Required Curriculum have been completed**

Apprentice Course	Date Granted	Apprentice Course	Date Granted
100 - Trade Skills	3/26/2003	500 - Installation	6/24/2003
200 - Hoistway Structures	3/26/2003	600 - Solid State	7/20/2004
300 - Electrical Fundamentals	6/12/2002	700 - Power & Logic	7/20/2004
400 - Electrical Theory & Application	6/12/2002	800 - Advanced Topics In Elevators	6/24/2003

**Mechanic Exam Certificate Granted on 10/18/2005**

**Other Certificates**

(2003, 24 Hours) Mechanic Exam Review  
 (2007) 8-Hour Hoistway Maintenance  
 (2009, 8 Hours) 8-Hour Hydraulic Elevator Maintenance

(2004, 24 Hours) Mechanic Exam Review  
 (2007) Indiana State Licensing Course 2006-07  
 (2009) Indiana State Licensing Course 2010-12

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

OFFICE USE ONLY

<input checked="" type="checkbox"/> APPROVED	DATE <u>1-7-14</u>
<input type="checkbox"/> REJECTED	INITIALS <u>LM</u>

**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

Tran Info: 180 19192865-1 12/27/13  
 Chk#: [REDACTED] Amt: \$100.00  
 ID: VINCENT FORTUNE

**APPLICANT INFORMATION**

CLASS <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C - Device Type
NAME <u>Vincent Fortune</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>01</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>Dominican High School Silver Spring Dr. Whitefish Bay, WI</u>	

COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE	BACHELORS DEGREE?	CREDITS EARNED	
		UNDERGRADUATE	GRADUATE
Name _____ Location _____ Date _____	<input type="checkbox"/> Yes, Date _____ <input type="checkbox"/> No Major _____ Minor _____	Term _____ Semester _____	Term _____ Semester _____
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE	GRADUATE DEGREE	MAJOR	PROFESSIONAL CERTIFICATION OR LICENSE
Name _____ Location _____ Date _____	Date _____		
BUSINESS, CORRESPONDENCE OR TRADE SCHOOLS	COURSE TITLE	DATE ATTENDED (Mo-Yr) to (Mo-Yr)	TYPE OF CERTIFICATE OR LICENSE AWARDED
Name _____ Location _____			

\*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 Kelvin Nord	NAME Steven Fortune
NAME Nick Gleason	NAME Jordan Keeley

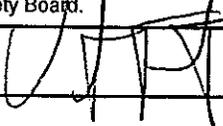
**EMPLOYMENT HISTORY** - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

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	CITY Menomonee Falls	STATE WI	FROM: 2/06 1/08	TO: 1/07 Present
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) Journeyperson		YOUR SUPERVISOR'S NAME AND TITLE Josh Grubbs		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) New construction, Modernization, service, repair				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Traction 500A, 400A, 3300, Minnesota Hydro 330A				
NAME OF PREVIOUS EMPLOYER Otis Elevator			DATES EMPLOYED (Month / Day / Year)	
ADDRESS	CITY Glen Dale	STATE WI	FROM: 1/07	TO: 1/08
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) Apprentice		YOUR SUPERVISOR'S NAME AND TITLE Mike Vandenberg		
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 Gen 2				

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 12/25/13



LOCAL UNION No. 15 of the

# International Union of Elevator Constructors

*AFFILIATED WITH THE AFL-CIO*

17125 WEST CLEVELAND AVENUE

NEW BERLIN, WISCONSIN 53151

December 20, 2013

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

Attention: Cal Rogler, Chief Elevator Inspector

Dear Mr. Rogler:

This is to inform you that Vince A. Fortune has been in the elevator trade since February 21, 2006 and has experience in service, modernization, maintenance, as well as new elevator installation and construction. He currently has over 14,500 working hours in the elevator trade.

If you have any questions or need additional information, please contact me.

Sincerely,

Kelvin L. Nord  
Business Representative

December 23, 2013

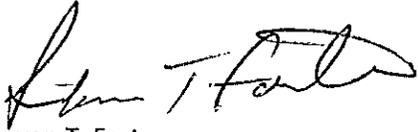
Department of Licensing and Regulatory Affairs  
Bureau of Construction Codes  
P.O. Box 30254  
Lansing, MI 48909

Attention: Cal Rogler, Chief Elevator Inspector

Dear Mr. Rogler:

This letter is to inform you that Vincent A. Fortune has worked in the elevator trade since February of 2006. He has experience in new construction, modernization, service, repair, and maintenance. He has worked mostly for Schindler Elevator, but also has worked for Otis Elevator. Vincent is currently working as a Mechanic for Schindler Elevator.

Sincerely,

A handwritten signature in black ink, appearing to read "Steven T. Fortune". The signature is fluid and cursive, with the first name "Steven" and last name "Fortune" clearly distinguishable.

Steven T. Fortune

Licensed Journeyman for MI

**Application for Elevator Journeyman License Examination**  
 Michigan Department of Licensing and Regulatory Affairs  
 Bureau of Construction Codes / Elevator Safety Division  
 P.O. Box 30255, Lansing, MI 48909  
 517-241-9337  
 www.michigan.gov/bcc

OFFICE USE ONLY

<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED	DATE <i>1-7-14</i>
	INITIALS <i>LMB</i>

**EXAMINATION FEE: \$100.00 (nonrefundable)**

Authority: 1976 PA 233 Completion: Mandatory As Required By Section 6 Penalty: Examination Will Not Be Given	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
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**IMPORTANT - READ CAREFULLY**

- This application must be on file in the office of the Elevator Safety Division, Department of Licensing and Regulatory Affairs, Bureau of Construction Codes, P.O. Box 30255, Lansing, Michigan, 48909, on or before the twentieth day 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 19193020-1 12/30/13  
 Chk#: [REDACTED] Amt: \$100.00  
 ID: MATTHEW HARVEY

**APPLICANT INFORMATION**

CLASS		
<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C - Device Type
NAME <i>Matthew A Harvey</i>		
[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 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 <i>1993</i>		<input type="checkbox"/> No					
NAME AND ADDRESS OF HIGH SCHOOL <i>Antwerp Local School</i>							
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE		BACHELORS DEGREE?					
Name _____ Location _____ Date _____		<input type="checkbox"/> Yes, Date _____ <input type="checkbox"/> No					
		Major _____ Minor _____					
		Term _____ Semester _____					
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 _____ Semester _____</td> <td>Term _____ Semester _____</td> </tr> </table>		UNDERGRADUATE	GRADUATE	Term _____ Semester _____	Term _____ Semester _____
UNDERGRADUATE	GRADUATE						
Term _____ Semester _____	Term _____ 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 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>Brad Bovine</i>		NAME <i>Doug Staley</i>	
NAME <i>Bob Fredricks</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>Schindler Elev.</i>			DATES EMPLOYED (Month / Day / Year) FROM: <i>Nov. '08</i> TO: <i>Present</i>	
ADDRESS <i>2325 Executive Dr.</i>	CITY <i>Indianapolis</i>	STATE <i>IN</i>		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <i>Journey Person</i>		YOUR SUPERVISOR'S NAME AND TITLE <i>Doug Staley Construction Supervisor</i>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>New elevator construction Repair, Maintenance.</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>Hydro. geared &amp; gearless traction, Escalators, Dumpwaters, Remodernization.</i>				
NAME OF PREVIOUS EMPLOYER <i>Kone Elev.</i>			DATES EMPLOYED (Month / Day / Year) FROM: <i>Jan '94</i> TO: <i>Nov. '08</i>	
ADDRESS <i>433 Fernhill Ave.</i>	CITY <i>Fort Wayne</i>	STATE <i>IN</i>		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <i>Apprentice, Journeyperson</i>		YOUR SUPERVISOR'S NAME AND TITLE <i>Larry Early</i>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>New Elevator Construction, Maintenance, Service, Repair, Remodernization</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>Geared &amp; Gearless Traction, hydraulic, escalators, Dumpwaters</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>Matt Staley</i>	DATE <i>12-24-13</i>



# National Elevator Industry Educational Program

Eleven Larsen Way -- Attleboro Falls, MA 02763-1068  
(508) 699-2200 -- Fax: (508) 699-2495

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## Student Certificate Statement

**Matt A. Harvey**

**Certification #: 28433**

**Hire Date: 1/24/1995**

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  
Friday December 13, 2013

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### 4 Years of Required Curriculum have been completed

Apprentice Course	Date Granted	Apprentice Course	Date Granted
100 - Trade Skills	6/19/2003	500 - Installation	6/9/2000
200 - Hoistway Structures	6/19/2003	600 - Solid State	3/1/2002
300 - Electrical Fundamentals	6/25/1999	700 - Power & Logic	3/1/2002
400 - Electrical Theory & Application	6/25/1999	800 - Advanced Topics in Elevators	6/9/2000

**Mechanic Exam Certificate Granted on 8/1/2003**

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### Other Certificates

(2005, 8 Hours) 8-Hour Machine Room Maintenance  
(2007) Indiana State Licensing Course 2006-07  
(2009) Indiana State Licensing Course 2010-12

(2007) 8-Hour Hoistway Maintenance  
(2009, 8 Hours) 8-Hour Hydraulic Elevator Maintenance  
(2011) Indiana State Licensing Course 2012

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



Main Partner of  
**SOLARIMPULSE**  
December 26<sup>th</sup>, 2013



**Schindler**

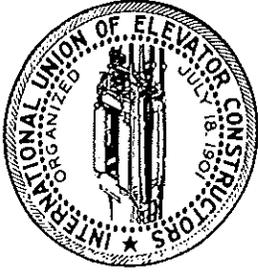
To: The State of Michigan Elevator Division.

Matt Harvey has been in the elevator trade for 20 years and has completed all course work and carries a valid Indiana State Mechanic License. Matt has 5 years with Schindler with a wide variety of elevator experience which includes the Service and maintenance of Elevators and Escalators, Escalator service Maintenance and repair, Modernization of Elevators and Installation of our newest product in new Construction the (3300 product), 330A, 400A traction elevators ensuring they are meeting all state and local code standards.

Matt is my leading installer in District 18 meeting all company standards and is very helpful in helping the building owner in getting his new building and elevator to pass all code requirements. He is very professional and takes personal pride in the work he performs and builds an outstanding work relationship with the General Contractors that he is in contact with.

I personally think Matt Harvey would install and maintain to the high quality of any elevators installed in the great state of Michigan if he was granted his license.

Jerry D. Staley  
New Construction / Modernization Field Superintendent  
Schindler Elevator Corporation  
(317) 871 -1027



LOCAL UNION NO. 44

OF THE

# International Union of Elevator Constructors

AFFILIATED WITH THE AFL - CIO

PHONE (419) 242-7902



FAX (419) 242-6627

Friday, December 13, 2013

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: Elevator Mechanic Licensing Verification

To Whom It May Concern,

Please allow the following information to serve as verification of proof of eligibility for a Class A, Michigan Elevator Mechanic License to the individual named herein. The information contained herein, has been collected from the International Union of Elevator Constructors, National Elevator Industry Educational Program (NEIEP) as well as the National Elevator Industry Health Benefits Plans. The hours as reported herein, are the total as worked through the September 2013 reporting period. These hours do not include hours worked as a "probationary employee", which normally are a minimum of 600 hours.

Matthew A. Harvey, social security number XXX-XX-██████ has an industry start date of 01/24/1994 and has worked a total of 35,180.6 hours through the September 2013 reporting period. . Mr. Harvey has spent those hours working in the elevator industry in the areas of construction, service, modernization, and/or maintenance.

Mr. Harvey has completed the Elevator Industry Apprenticeship Program and successfully challenged and passed the NEIEP administered Mechanic's Examination on July 15, 2003. Please find enclosed a copy of the NEIEP education and mechanic's certification.

I hereby affirm under penalty of perjury that all of the information provided herein is true to the best of my knowledge.

Respectfully,

Robert J. Fredericks  
Business Manager  
IUEC Local # 44

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

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.
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**IMPORTANT - READ CAREFULLY**

- This application must be on file in the office of the Elevator Safety Division, Department of Licensing and Regulatory Affairs, Bureau of Construction Codes, P.O. Box 30255, Lansing, Michigan, 48909, on or before the twentieth day preceding the date of the examination.
- 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.

Exam Date: 12/30/13  
 Chk#: [REDACTED] Amt: \$100.00  
 ID: DAVID KOWALSKI

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?		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 1993		<input type="checkbox"/> No					
NAME AND ADDRESS OF HIGH SCHOOL Dearborn High Dearborn, MI 48124							
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE		BACHELORS DEGREE?					
Name _____ Location _____ Date _____		<input type="checkbox"/> Yes, Date _____ <input type="checkbox"/> No					
		Major _____ Minor _____					
		Term _____ Semester _____					
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 _____ Semester _____</td> <td>Term _____ Semester _____</td> </tr> </table>		UNDERGRADUATE	GRADUATE	Term _____ Semester _____	Term _____ Semester _____
UNDERGRADUATE	GRADUATE						
Term _____ Semester _____	Term _____ 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 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 <b>SCHINDLER ELEVATOR</b>			NAME <b>THYSSENKRUPP ELEVATOR</b>		
ADDRESS <b>28451 SCHOOLCRAFT ROAD</b>			ADDRESS <b>2021 130th Ave. NE. Ste A</b>		
CITY <b>LIVONIA</b>	STATE <b>Mi</b>	ZIP CODE <b>48150</b>	CITY <b>Belleuve</b>	STATE <b>WA.</b>	ZIP CODE <b>98005</b>
NAME <b>INTERNATIONAL UNION OF CONSTRUCTORS LOCAL 19 ELEVATOR</b>			NAME		
ADDRESS <b>2264-15TH AVENUE WEST</b>			ADDRESS		
CITY <b>SEATTLE</b>	STATE <b>WA</b>	ZIP CODE <b>98119</b>	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 <b>SCHINDLER ELEVATOR</b>			DATES EMPLOYED (Month / Day / Year)		
ADDRESS <b>28451 Schoolcraft Rd Livonia</b>			STATE <b>MI</b>	FROM: <b>8-13-13</b>	TO: <b>Present</b>
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) <b>Apprentice</b>			YOUR SUPERVISOR'S NAME AND TITLE <b>Eric Pierson</b>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <b>Modernization</b>					
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <b>Traction Car at this time</b>					
NAME OF PREVIOUS EMPLOYER <b>THYSSENKRUPP</b>			DATES EMPLOYED (Month / Day / Year)		
ADDRESS <b>2021 130th Ave. NE. Bellevue</b>			STATE <b>WA.</b>	FROM: <b>7-2004</b>	TO: <b>4-2011</b>
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) <b>Journey person</b>			YOUR SUPERVISOR'S NAME AND TITLE <b>Skip Buntin Repair Supervisor</b>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <b>Repair, Service, Retro fitting</b>					
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <b>Traction, Hydraulic, Escalators</b>					

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 <b>David Kowalski</b>	DATE <b>9-30-2013</b>

# 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 10<sup>th</sup>, 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 cables. 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. 23<sup>rd</sup>, 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,

Don Felton  
Business Manager  
IUEC Local 19  
O. 206-282-4885  
C. 206-714-3491  
F. 206-282-3970



ThyssenKrupp

**ThyssenKrupp Elevator Americas**

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". The signature is written in a cursive, flowing style.

Tonya King  
District Shared Services Manager

**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



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

**APPLICANT INFORMATION**

CLASS		
<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C - Device Type _____
NAME		
RYAN SCHURING		[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 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>1990</u>		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
NAME AND ADDRESS OF HIGH SCHOOL			
<u>OTSEGO HIGH SCHOOL</u> <u>550 WASHINGTON ST.</u>			Trans Info: 180 19190055-1 12/27/13 CHK#: [REDACTED] Amt: \$100.00 ID: RYAN SCHURING
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE		BACHELORS DEGREE?	
Name <u>NORTHEAN MICHIGAN UNIVERSITY</u>		<input checked="" type="checkbox"/> Yes, Date <u>DEC 1994</u> <input type="checkbox"/> No	
Location <u>MARQUETTE, MI</u>		Major <u>BFA ENVIRONMENTAL</u>	
Date <u>1990-1994</u>		Minor <u>DESIGN</u>	
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 KEVIN BIRD	NAME LARRY MROCZEK		
ADDRESS	ADDRESS		
NAME RON LINDSLEY JR.	ADDRESS		
ADDRESS	CITY	STATE	ZIP CODE

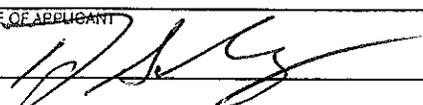
EMPLOYMENT HISTORY - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

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 CENTRAL ELEVATOR COMPANY			DATES EMPLOYED (Month / Day / Year) FROM: JAN 15 TO: PRESENT 2013	
ADDRESS 1824 VANDERBILT	CITY PORTAGE	STATE MI		
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) APPRENTICE		YOUR SUPERVISOR'S NAME AND TITLE SUZANNE SCHULTZ - OWNER		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) CONSTRUCTION, MODERNIZATIONS, SERVICE / REPAIR				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) TRACTION / HYDRAULIC VARIOUS LIFTS				
NAME OF PREVIOUS EMPLOYER OTIS ELEVATOR			DATES EMPLOYED (Month / Day / Year) FROM: FEB TO: DEC 2007 2010	
ADDRESS 1300 S. 8TH ST.	CITY OSHTENO	STATE MI		
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) APPRENTICE		YOUR SUPERVISOR'S NAME AND TITLE JULIE MUNGER - SUPERVISOR		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) MAINTENANCE, SERVICE, REPAIR, MODS				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) HYDRAULIC - ALL TYPES & TRACTION, 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 	DATE 22 DEC 13



05-17-13; 10:06AM;

;269-353-6486

# 1/ 1

Otis Elevator Company  
1800 S. 8th Street  
Kalamazoo, MI 49009  
Tel: (269) 353-6486 Fax: (269) 353-6486  
www.otis.com



**Otis**

A United Technologies Company

May 17, 2013

To whom it may concern,

Re: Ryan Schuring

D.O.B. [REDACTED]

Ryan Schuring started with Otis Elevator Company on May 8<sup>th</sup> 2006 working for the construction department out of the Grand Rapids, MI office.

January 8, 2007 he transferred to the Kalamazoo office working in the service Department.

His last day worked at Otis Elevator Company was December 10<sup>th</sup> 2009.

Throughout his career with Otis he was released as ordered to perform active duty as a member of the United States Military, Reserve Component Unit.

Sincerely,

Julie Munger, Maintenance Supervisor  
OTIS ELEVATOR COMPANY

Post-It* Fax Note	7671	Date	5-17-13	# of pages	1
To	ELEVATOR DIV.	From	R. SCHURING		
Co./Dept.		Co.			
Phone #		Print	[REDACTED]		
Fax #	[REDACTED]	Fax #	[REDACTED]		

Central Elevator Co.  
1824 Vanderbilt Ave.  
Portage, MI 49024

May 6, 2013

Subject: Letter of reference/recommendation

To Whom It May Concern:

I have known Ryan Schuring in a variety of capacities for more than 20 years. He has been a friend and my helper/partner at Central Elevator where he is responsible for construction, service and maintenance of both hydraulic and traction elevators and lifts.

Ryan is organized, efficient, extremely competent, and has an excellent rapport with customers and company staff. His technical and mechanical skills are excellent.

In summary, I highly recommend Ryan to take his State Elevator Exam. He will be a valuable asset for the elevator trade.

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

Sincerely,

Kevin Bird

A handwritten signature in black ink, appearing to read 'Kevin Bird', with a stylized flourish at the end.

Central Elevator Co.  
1824 Vanderbilt Ave.  
Portage, MI 49024

May 7, 2013

Subject: Letter of reference/recommendation

To Whom It May Concern:

Ryan Schuring has been an employee at Central Elevator where he is responsible for construction, service and maintenance in both the residential and commercial fields. He has done an excellent job in this position and is an asset to our organization. He is extremely organized, can work with little supervision and is able to follow through to ensure that the job gets done.

He has established an outstanding rapport with his co-workers, managers and owners. Ryan has done an excellent job and I would highly recommend him to take his State Elevator License Test. Please let me know if I can provide you with any further information.

If you have any questions, please contact me.

Sincerely,

Ronald Lindsley Jr.

A handwritten signature in black ink, appearing to read "Ronald Lindsley Jr.", written in a cursive style.

**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

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

**EXAMINATION FEE: \$100.00 (nonrefundable)**

Authority: 1976 PA 293 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?

Yes *AK* Trans Info: 190 19157705-1 12/18/13  
 Chkb: [redacted] Amt: \$100.00  
 To: PATRICIA G BAIR

**APPLICANT INFORMATION**

CLASS <input checked="" type="checkbox"/> A <i>AK</i> 3 <input type="checkbox"/> C - Device Type	
NAME <b>ARNIM WERNER SEEGER</b>	[redacted]
[redacted]	[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 type="checkbox"/> 11 <input checked="" type="checkbox"/> 12			
DID YOU GRADUATE? <input checked="" type="checkbox"/> Yes, Year <u>1983</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 <u>N/A</u>	
NAME AND ADDRESS OF HIGH SCHOOL <b>MICHAEL GRZIMEK SCHULE (GERMAN SCHOOL NAIROBI)</b> <b>P.O. BOX 978</b> <b>00621 NAIROBI - KENYA</b>			
COLLEGE OR UNIVERSITY (ATTENDED OR AT TENDING) AND DATE		BACHELORS DEGREE?	
Name <u>N/A</u>		<input type="checkbox"/> Yes, Date _____ <input type="checkbox"/> No	
Location _____		Major _____	
Date _____		Minor _____	
COLLEGE OR UNIVERSITY (ATTENDED OR AT TENDING) AND DATE		GRADUATE DEGREE	
Name <u>N/A</u>		Date _____	
Location _____		MAJOR _____	
Date _____		PROFESSIONAL CERTIFICATION OR LICENSE	
BUSINESS, CORRESPONDENCE OR TRADE SCHOOLS		COURSE TITLE	
Name <u>HAUSHAHN ELEVATORS</u>		<u>INTERNAL INSTALLATION</u>	
Location <u>STUTTGART - GERMANY</u>		<u>ENGINEER AND SERVICE</u>	
		<u>TECHNICIAN</u>	
		DATE ATTENDED (Mo-Yr) to (Mo-Yr) <u>09/1983</u> <u>04/1985</u>	
		TYPE OF CERTIFICATE OR LICENSE AWARDED <u>PROFESSIONAL TRAINING CERTIFICATE</u>	

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

①

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 WERNER SEEGER (KENYA LIFT CO LTD)	NAME EMILIO NIEVES ALARCON (THYSSEN KRUPP ELEVADORES)
NAME ANTONIA ALVAREZ CUMPLIDO (KONE)	NAME MR. DAMASO MARTINEZ (ENINTER)

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.

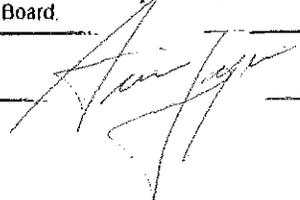
NAME OF PRESENT OR LAST EMPLOYER KENYA LIFT COMPANY LTD.			DATES EMPLOYED (Month / Day / Year) FROM: 05/2011 TO: 05/2012 + 04/1985 - 02/1992	
ADDRESS P.O. BOX 14115 - 00800	CITY NAIROBI	STATE	COUNTRY KENYA	
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) FIELD OPERATIONS SUPERVISOR		YOUR SUPERVISOR'S NAME AND TITLE WERNER SEEGER		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) NEW ELEVATOR INSTALLATION, ADJUSTER, SERVICE AND REPAIRS, SALES				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Stowwalk, Escalators, etc.) GEARED AND GEARLESS TRACTION ELEVATORS, MRL, HYDRAULIC INDIRECT DUMBWAITERS				
NAME OF PREVIOUS EMPLOYER THYSSENKRUPP ELEVADORES			DATES EMPLOYED (Month / Day / Year) FROM: 04/2004 TO: 04/2011	
ADDRESS FONERIA 14-16	CITY BARCELONA	STATE	COUNTRY	
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) MAINTENANCE AND REPAIR TECHNICIAN		YOUR SUPERVISOR'S NAME AND TITLE EMILIO NIEVES ALARCON		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) MAINTENANCE, SERVICE, REPAIR AND ADJUSTER				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Stowwalk, Escalators, etc.) GEARED AND GEARLESS TRACTION, INDIRECT AND DIRECT HYDRAULIC DUMBWAITERS, ESCALATORS				

P.T. 1

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 12/15/2013
---	--------------------

2

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			NAME		
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
NAME			NAME		
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

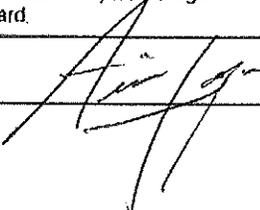
EMPLOYMENT HISTORY - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

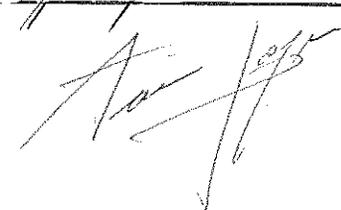
State definitively your qualifying installation and servicing experience on equipment, similar to that for which license is required. Give names and addresses of firms with whom employed, duties, length of service and dates of employment. Present available documentary evidence to substantiate experience.

NAME OF PRESENT OR LAST EMPLOYER <b>ENINTER ELEVATOR</b>			DATES EMPLOYED (Month / Day / Year) FROM: <b>04/2001</b> TO: <b>03/2004</b>		
ADDRESS <b>CTRA DE HOSPITALET 52</b>	CITY <b>BARCELONA</b>	STATE <b>SPAIN</b>			
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) <b>MAINTENANCE SUPERVISOR</b>			YOUR SUPERVISOR'S NAME AND TITLE <b>DANASO MARTINEZ</b>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <b>MAINTENANCE, SERVICE AND REPAIR</b>					
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <b>TRACTION GEARED AND GEARLESS, HYDRAULIC ROPED MRL</b>					
NAME OF PREVIOUS EMPLOYER <b>KONE ELEVATORS</b>			DATES EMPLOYED (Month / Day / Year) FROM: <b>06/1999</b> TO: <b>8/2000</b>		
ADDRESS	CITY <b>BARCELONA</b>	STATE <b>SPAIN</b>			
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) <b>MAINTENANCE SUPERVISOR</b>			YOUR SUPERVISOR'S NAME AND TITLE <b>MR. OPISO</b>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <b>MODERNIZATION, MAINTENANCE, SERVICE, REPAIRS AND ADJUSTING</b>					
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <b>TRACTION GEARED AND GEARLESS, HYDRAULIC ROPED AND DIRECT ESCALATORS</b>					

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 <b>12/15/2013</b>





# GLOBAL · LT

*Translation. Tutoring. Training.*

Hausbahn GmbH & Co.  
Postfach 30 05 60, Borsigsstraße 24  
[Zip code illegible] Stuttgart 30 (Feuerbach)  
Tel. 0711/895 41

[Emblem]  
Form 1285

[Emblem of the company]

Hausbahn

Elevators

Cranes

Storage

Techniques

Stuttgart

Munich

Illingen

Professional  
Training  
Certificate

*Global LT, Inc. representative, Anna Reimchen, declares this document is a true and accurate English translation of the original German document.*

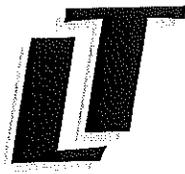
*A. Reimchen*

*Anna Reimchen*

*9/20/2013*

*Date*

*Global LT, Inc. – Member of the American Translators Association.*



**GLOBAL · LT**  
Translation. Tutoring. Training.

# Professional Training Certificate

After completion of general education and in addition to further education courses offered by our Professional Training Center, the participant received training within the following departments for the purpose of skills and knowledge improvement:

Mr. Armin-Werner Seeger  
born on \_\_\_\_\_  
in \_\_\_\_\_  
has completed professional training at our center

from September 1, 1983

until March 29, 1985

As an internal installation engineer and service technician

The training was completed with the following results:

Leadership very good  
Effort very good  
Performance good

Department	Duration
Gear manufacturing	0.25 months
Cabin building	0.5 months
Mechanical Testing	1.75 months
Electronic assemblies (Installation and Testing)	0.75 months
Electrical Department - Wiring	0.75 months
Electrical Department – Test facility	1.25 months
Elevator installation	2 months
Elevator maintenance	2 months
Electrical Department - Laboratory	1.25 months
Mechanical Department Norm Construction	1.25 months
Electrical Department - Development	0.75 months
Mechanical Department Technical Office	0.5 months
Electrical Department Technical Office	0.25 months
Export division (basic information)	0.25 months

The professional examination results certificate is with the certificate holder.

Stuttgart, March 29, 1985

[Signature illegible]

General Manager

[Signature illegible]

Training Manager

*Global LT, Inc. representative, Anna Reimchen, declares this document is a true and accurate English translation of the original German document.*

*A. Reimchen*

*Anna Reimchen*

*9/20/2013*

*Date*

*Global LT, Inc. – Member of the American Translators Association.*

# Ausbildungszeugnis

Herrn Arnim-Werner Seeger

am [REDACTED] geboren

hat bei uns  
 vom 1. September 1983 bis 29. März 1985  
 die Ausbildung zum  
 CH (intern) Montage- und Service-Techniker  
 absolviert.

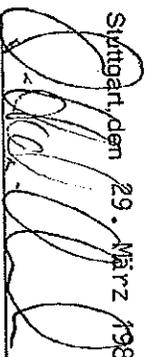
Er erhält von uns folgendes Zeugnis:

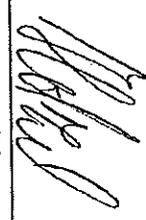
Führung sehr gut  
 Fleiß sehr gut  
 Leistung gut

Nach der allgemeinen Grundausbildung und zusätzlich zu weiteren Ausbildungsgängen in unserer Ausbildungswerkstätte, wurde er zur Erweiterung seiner Kenntnisse und Fertigkeiten in folgenden Abteilungen unseres Unternehmens ausgebildet:

Abteilung	Monate
Getriebebau	0,25
Kabinenbau	0,5
Mech. Versuch	1,75
Elektronikbaugruppen Aufbau + Prüfen	0,75
EA - Verdrahten	0,75
EA - Prüffeld	1,25
Aufzugmontage	2
Aufzugwartung	2
EA - Labor	1,25
Normkonstruktion MA	1,25
Entwicklung EA	0,75
Techn. Büro MA	0,5
Techn. Büro EA	0,25
Exportabteilung (Grundinformation)	0,25

Über die Facharbeiterprüfung liegt ein gesondertes Zeugnis vor.

Stuttgart, den 29. März 1985  
  
 Geschäftsführung

  
 Ausbildungsleitung

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.

12 February 1992

# kenya Lift services ltd.

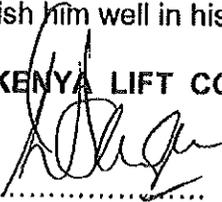
*Hauslift Aufzüge*  
p.o. box 14115  
00800-nairobi kenya  
waumini house westlands  
tel 254 (20) 4440296, 4443929  
fax 254 (20) 4441174  
e-mail: kenlift@wananchi.com

## 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.



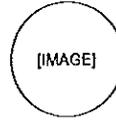
p.p<sup>a</sup> WERNER SEEGER  
Managing Director



**GLOBAL · LT**  
*Translation. Tutoring. Training.*

A company of  
ThyssenKrupp  
Elevator

**ThyssenKrupp Elevadores**



ThyssenKrupp

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, SL  
C/Cifuentes, s/n - 28021 Madrid  
P: 913 796 300 - F: 913 796 439

*Global LT, Inc. representative, Anna Reimchen, declares this document is a true and accurate English translation of the original Spanish document.*

*A. Reimchen*

*Anna Reimchen*

*9/20/2013*

*Date*

*Global LT, Inc. – Member of the American Translators Association.*



D. EMILIO NIEVES ALARCÓN, con D.N.I. [REDACTED] como delegado Post-Venta de la empresa THYSSENKRUPP ELEVADORES, S.L. en su sede de Barcelona, sita en la c/. Foneria, n.º 14-16 de esta ciudad

## DECLARA:

Que D. ARNIM WERNER SEEGER, con [REDACTED] ha prestado sus servicios en esta Empresa como técnico de ascensores desde el 19/04/2004 hasta el 04/05/2011. con total satisfacción por nuestra parte.

Lo que declaro a los efectos oportunos, en Barcelona a cinco de Mayo del dos mis once.

A handwritten signature in black ink, appearing to be 'Emilio Nieves Alarcón'.



**GLOBAL · LT**  
*Translation. Tutoring. Training.*

**KONE**

Elevators Stairs

Mrs. M<sup>a</sup> ANTONIA ALVAREZ CUMPLIDO with  
[REDACTED] as Staff Director of  
Empresa KONE ELEVADORES, S.A., localized in  
(St.) C/Enrique Larreta, N<sup>o</sup> 5 – Madrid, with  
VAT N<sup>o</sup> A-28791069.

KONE Elevadores, S.A.  
Main Offices  
Enrique Larreta, 5 – 1.º  
28036 MADRID  
P. 913 144 181  
F. 913 149 925

CERTIFIES that,

Mr. ARNIN WERNER SEEGER has provided his services  
to this Company from June 21, 1999 to August 4, 2000,  
this being the date of the contract fulfillment.

His profession was under the category of Management, and  
during that time he maintained impeccable behavior.

His job position was Supervisor, and he performed the  
required duties related to installation and conservation  
of elevator equipment according to the experience  
he has in this area.

For whatever reason it may be needed, I issue this document  
in Madrid, on April 4, 2000.

[STAMP]

KONE

KONE Elevadores S.A.  
Enrique Larreta N<sup>o</sup> 5  
28036 MADRID  
[SIGNATURE]

Signed by: Ma. ANTONIA ALVAREZ CUMPLIDO  
STAFF DIRECTOR

Madrid Mercantile Register  
[ILLEGIBLE]

*Global LT, Inc. representative, Anna Reimchen, declares this document is a true and accurate English translation of the original Spanish document.*

*A. Reimchen*

*9/20/2013*

*Anna Reimchen*

*Date*

*Global LT, Inc. – Member of the American Translators Association.*



Ascensores Escaleras

Da, Ma ANTONIA ALVAREZ CUMPLIDO con D.N.I. [REDACTED] como Directora de Personal de la Empresa KONE ELEVADORES, S.A., con Domicilio Social en C/ Enrique Larreta, nº 5 - Madrid, y C.I.F. nº A-28791069.

KONE Elevadores, S.A.  
Oficinas Centrales  
Enrique Larreta, 5 - 1.º  
28036 MADRID  
Tel. 913 144 181  
Fax: 913 149 925

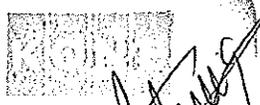
**CERTIFICA:**

Que D. ARNIN WERNER SEEGER, ha venido prestando sus servicios en esta Empresa desde el 21 Junio 1.999 a 4 Agosto 2000, fecha en que causó baja por cumplimiento de contrato.

Que estaba clasificado con la categoría profesional de Encargado, y que durante el tiempo de servicio, su conducta ha sido impecable.

Que su puesto de trabajo era el de Supervisor, desempeñando las funciones correspondientes en cuanto a la instalación y conservación de aparatos elevadores, de acuerdo a la experiencia acumulada en este sector.

Y para que conste donde convenga, expido el presente en Madrid, a 04-08-2000.

  
KONE ELEVADORES, S.A.  
Enrique Larreta, 5 - 1.º  
28036 Madrid

Fdo.: Ma ANTONIA ALVAREZ CUMPLIDO  
DIRECTORA DE PERSONAL

**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

OFFICE USE ONLY

<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED	DATE 1-3-14
	INITIALS KAB

**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 19190741-1 12/26/13  
 Ck#: [REDACTED] Amt: \$100.00  
 ID: RICHARD SHAUGHNESSY

**APPLICANT INFORMATION**

CLASS <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C - Device Type
NAME Richard J. Shaughnessy II

**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 2005 <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 Springport High School Springport, MI									
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE Name Jackson College Location Jackson, MI Date 9/05 → Fall 2007		BACHELORS DEGREE? <input type="checkbox"/> Yes, Date _____ <input checked="" type="checkbox"/> No Major Electrical Minor _____	CREDITS EARNED <table border="1"> <tr> <th>UNDERGRADUATE</th> <th>GRADUATE</th> </tr> <tr> <td>Term 19</td> <td>Term _____</td> </tr> <tr> <td>Semester _____</td> <td>Semester _____</td> </tr> </table>	UNDERGRADUATE	GRADUATE	Term 19	Term _____	Semester _____	Semester _____
UNDERGRADUATE	GRADUATE								
Term 19	Term _____								
Semester _____	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 Steve Bebee	NAME Mark Iverson	
Paul Payne		
ADDRESS		
CITY	STATE	ZIP CODE

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

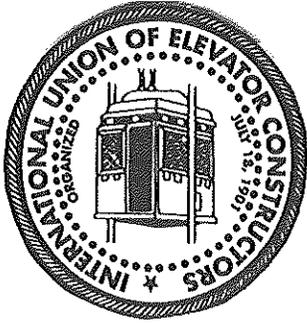
State definitively your qualifying installation and servicing experience on equipment, similar to that for which license is required. Give names and addresses of firms with whom employed, duties, length of service and dates of employment. Present available documentary evidence to substantiate experience.

NAME OF PRESENT OR LAST EMPLOYER Otis Elevator			DATES EMPLOYED (Month / Day / Year) FROM: 12/19/07 TO: 2/ 1/11 + 11/ 1/13 - Current		
ADDRESS 4500 Empire Wy	CITY Lansing	STATE MI			
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) Assistant Mechanic		YOUR SUPERVISOR'S NAME AND TITLE Steve Bebee Mod Supervisor			
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Mod, Construction					
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Traction (geared + gearless), Hydraulic (roped + direct)					
NAME OF PREVIOUS EMPLOYER Minnesota Elevator Inc.			DATES EMPLOYED (Month / Day / Year) FROM: 11/2011 TO: 5/2013		
ADDRESS 19336 607th Ave	CITY Mankato	STATE MN			
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) Apprentice		YOUR SUPERVISOR'S NAME AND TITLE Glen Anderson Repair Supervisor			
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Repair + Service					
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Traction (geared + gearless) Hydraulic (roped + direct)					

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

**CERTIFICATION AND SIGNATURE**

I certify all statements are true to the best of my knowledge 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 12-21-2013



**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

---

October 24, 2013

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 Richard J. Shaughnessy has been in the elevator trade since December 19, 2007 and has experience in service, modernization, maintenance, as well as new elevator installation and construction. He currently has over 8,700 working hours in the elevator trade and is enrolled in the National Elevator Industry Educational Apprenticeship Program.

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

Thank you,

Teri VanHorn  
Office Manager  
IUEC Local 85

Otis Elevator Company  
North American Operations  
Westland Commerce Center  
4500 Empire Way, Suite 3  
Lansing, Michigan 48917  
(517) 322-0100 Fax: (517) 322-9431



**Otis**

A United Technologies Company

December 19, 2013

Mr. Cal Rogler  
Chief Elevator Inspector  
State of Michigan - Elevator Safety Dept.  
Bureau of Elevator Inspectors  
P.O. Box 30254  
Lansing, MI 48909

RE: Richard J Shaughnessy II  
State of Michigan Elevator Journeyman's License

Dear Inspector Rogler:

This letter is to verify the employment of Richard J Shaughnessy II. Richard began employment with Otis Elevator in December 2007 working continuously through November 2011 primarily in new construction as follows: Foote Hospital Jackson (8 months), U of M Mott Hospital, Ann Arbor (18 months), St Mary's Hospital, Grand Rapids (8 months). He returned to Otis in November 2013 and has been working in modernization at Tamarisk Apts., Grand Rapids until the present time.

Richard has the ability to work as a Journeyman Elevator Mechanic. I recommend that he be allowed to sit for the State of Michigan Elevator Journeyman's test.

Very truly yours,

OTIS ELEVATOR COMPANY



Steve Bebee  
Maintenance/MOD Supervisor

cc: Personnel file

**Application for Elevator Journeyman License Examination**  
 Michigan Department of Licensing and Regulatory Affairs  
 Bureau of Construction Codes / Elevator Safety Division  
 P.O. Box 30255, Lansing, MI 48909  
 517-241-9337  
 www.michigan.gov/bcc

OFFICE USE ONLY

<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED	DATE 1.8.14
	INITIALS ZAB

**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

Tran Info 180 19203825-1 12/30/13  
 Chk#: [REDACTED] Amt: \$100.00  
 TO: DOUGLAS A VANDIVER

**APPLICANT INFORMATION**

CLASS		
<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C - Device Type
NAME Douglas Andrew Vandiver		
[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 type="checkbox"/> 11	<input checked="" type="checkbox"/> 12	
DID YOU GRADUATE? <input checked="" type="checkbox"/> Yes, Year <u>1987</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 Boonville High School 801 S 3Rd St. Boonville, Indiana			
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE		BACHELORS DEGREE?	
Name _____ Location _____ Date _____		<input type="checkbox"/> Yes, Date _____ <input type="checkbox"/> No	
		Major _____ Minor _____	
		Term _____ Semester _____	
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE		GRADUATE DEGREE	
Name _____ Location _____ Date _____		Date _____	
BUSINESS, CORRESPONDENCE OR TRADE SCHOOLS		DATE ATTENDED (Mo-Yr) to (Mo-Yr)	
Name <u>National Elevator Industry Educational</u> Location <u>Program (NEIEP)</u> <u>Local No. 3 Evansville, Indiana</u>		TYPE OF CERTIFICATE OR LICENSE AWARDED	
		Elevator Mechanic Course	
		08/1998 to 10/2005	
		Elevator Mechanic License	

\*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 Mike Donham		NAME Mike Chandley		
NAME Dave Donner		NAME		
ADDRESS				
CITY		STATE	ZIP CODE	

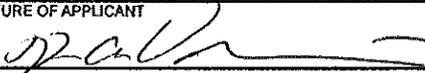
**EMPLOYMENT HISTORY** - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

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 <b>ASG Elevators</b>			DATES EMPLOYED (Month / Day / Year) FROM:                      TO:	
ADDRESS <b>PO Box 70</b>	CITY <b>Philpot</b>	STATE <b>Kentucky</b>	<b>03/15/11</b>	<b>12/06/13</b>
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) <b>Licensed Elevator Mechanic</b>		YOUR SUPERVISOR'S NAME AND TITLE <b>Brent Askins Vice President</b>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <b>Service Mechanic, Repairs and order equipment.</b>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <b>Traction and Hydraulic elevators geared and gearless traction and roped hydros., direct and MRL hydros.</b>				
NAME OF PREVIOUS EMPLOYER <b>PMI Iowa</b>			DATES EMPLOYED (Month / Day / Year) FROM:                      TO:	
ADDRESS <b>3296 N. Dayton Rd.</b>	CITY <b>Ames</b>	STATE <b>Iowa</b>	<b>01/04/10</b>	<b>03/15/11</b>
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) <b>Licensed Elevator Mechanic</b>		YOUR SUPERVISOR'S NAME AND TITLE <b>Ty Gufiston Lift Supervisor</b>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <b>New Installs of traction elevators and adjust same.</b>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <b>Traction elevators with Schumacher controls</b>				

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 <b>12/22/2013</b>

- Schindler Elevator Co. 12/2009  
8868 Research Blvd. 08/2008  
Austin, TX. 78758  
New installs hydros and roped hydros.

- Murphy Elevator ~~09/11/2007~~  
Louisville, Ky. 08/2008

Service and mods esc., ~~side walk lifts~~  
sidewalk lifts and tractions and Hydros.

- Kone Elevator 02/07/2006  
Service route 11/2007  
Evansville, IN. Mechanic

- ThyssenKrupp Elevator Co. Dec., 2002  
Evansville, IN. Feb., 2006  
~~Ken Fadt~~ Tadlock

Repairs, new construction esc., tractions  
and hydros. Helper, TP? and mechanic

- OTIS Elevator April 08/1998  
Rich Crocker Dec., 2002  
Evansville, IN.

Hydros, repairs and tractions  
esc. repairs

Helper and T.M.



## 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

**Douglas A Vandiver**

Student Certification #: **32620**

Hire Date: **4/8/1998**

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

NATIONAL DIRECTOR  
Saturday, June 11, 2011

#### 4 Years of Required Curriculum have been completed

Apprentice Course	Date Completed	Apprentice Course	Date Completed
100 - Trade Skills	5/28/2003	500 - Installation	6/25/2003
200 - Hoistway Structures	5/28/2003	600 - Solid State	7/20/2004
300 - Electrical Fundamentals	9/15/2000	700 - Power & Logic	7/20/2004
400 - Electrical Theory & <u>Application</u>	9/15/2000	800 - Advanced Topics in Elevators	6/25/2003

**Mechanic Exam Certificate Granted on 11/10/2005**

#### Other Certificates:

(2007, 8 Hours) 8-Hour Hoistway Maintenance  
(2009, 8 Hours) 8-Hour Hydraulic Elevator Maintenance  
(2010, 8 Hours) 8-Hour Hoistway Maintenance  
(2010, 8 Hours) 8-Hour Machine Room Maintenance  
(2010) Florida State Licensing Course 2007-08  
(2010) Washington State Licensing Course 2010  
(WA2009-488)

(2007) Indiana State Licensing Course 2006-07  
(2009) Montana State Licensing Course 2010  
(2010, 8 Hours) 8-Hour Hydraulic Elevator Maintenance  
(2010) Colorado State Licensing Course  
(2010) Illinois State Licensing Course 2010 (2 Hours)  
(2010) Wisconsin State Licensing Course 2010

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



NATIONAL ELEVATOR INDUSTRY  
EDUCATIONAL PROGRAM

Be it known that

*Douglas J. Vandiver*

is hereby awarded this Certificate in recognition  
of having successfully completed a Mechanic's Examination  
held in conjunction with the

National Elevator Industry Educational Program

*William J. Santer*  
CHAIRMAN, BOARD OF TRUSTEES

10/21/2005

DATE

*[Signature]*  
DIRECTOR

Dec. 22, 2013

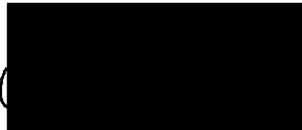
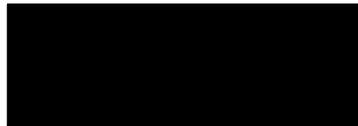
To whom it may concern,

I would like to recommend Douglas A. Vandiver as a elevator mechanic. I have known Doug for approx. 16yrs., during which time he was an helper, temporary elevator mechanic and received his elevator mechanics journeymen card through the National Elevator Industry Education Program (NEIEP) while working at Otis, Thyssenkrupp and Kone Elevator companies. I worked with Doug on new installations of escalators, traction elevators, hydraulic elevators, dumb waiters and repairs of traction and hydraulic elevators.

I believe Doug would be an great asset to any company!

A handwritten signature in cursive script, appearing to read "Dave Donner".

Dave Donner



Dec. 22, 2013

To whom it may concern,

I would like to recommend Douglas A. Vandiver as a elevator mechanic. I have known Doug for approx. 12yrs., during which time he was an helper, temporary elevator mechanic and received his elevator mechanics journeymen card through the National Elevator Industry Education Program (NEIEP) while working at Thyssenkrupp and Kone Elevator companies. I worked with Doug on new installations of escalators, traction elevators, hydraulic elevators, dumb waiters and repairs of traction and hydraulic elevators.

I believe Doug would be an great asset to any company!



Mike Donham



**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 PA233 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 19195756-1 12/23/13  
 Chk#: [REDACTED] Amt: \$100.00  
 ID: ADAPTIVE ENVIRONMENTS INC

**APPLICANT INFORMATION**

CLASS <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C - Device Type <i>Res Elevator, VPL, IPL, SWL, SC</i>
NAME <i>Angele 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 Catholic High 660 S Water St, Marine City MI 48039</i>			
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE		BACHELORS DEGREE?	
Name <i>Keiser University School of Golf</i> Location <i>Port St. Lucie Fl.</i> Date <i>05/10 - 11/11</i>		<input type="checkbox"/> Yes, Date _____ <input checked="" type="checkbox"/> No Major <i>Golf Management</i> Minor _____	
		CREDITS EARNED	
		UNDERGRADUATE	GRADUATE
		Term <i>152</i>	Term _____
		Semester <i>4</i>	Semester _____
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE		GRADUATE DEGREE	
Name _____ Location _____ Date _____		Date _____	
BUSINESS, CORRESPONDENCE OR TRADE SCHOOLS		MAJOR	
Name _____ Location _____		PROFESSIONAL CERTIFICATION OR LICENSE	
		DATE ATTENDED (Mo-Yr) to (Mo-Yr)	
		TYPE OF CERTIFICATE OR LICENSE AWARDED	

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

**REFERENCES** - Enter below the names and addresses of three references and submit not less than two (2) written references with this application from those listed certifying your years of service and type of work performed, i.e. installation, alteration, maintenance, repair, servicing, inspecting or adjusting of elevator equipment.

NAME <i>David Daniels</i>	NAME <i>Anthony M Vuocolo</i>
ADDRESS	ADDRESS
NAME <i>Anthony R Vuocolo</i>	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 Enviroments</i>			DATES EMPLOYED (Month / Day / Year)	
ADDRESS <i>43600 Utica Road</i>			CITY <i>Sterling Heights</i>	STATE <i>MI</i>
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <i>Apprentice</i>			YOUR SUPERVISOR'S NAME AND TITLE <i>Frederdick Morley / Service Manager</i>	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>Installation of Res, VPL, IPL, SC &amp; Service and Repair</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>Res, VPL, IPL, SC</i>				
NAME OF PREVIOUS EMPLOYER <i>RKD Inc.</i>			DATES EMPLOYED (Month / Day / Year)	
ADDRESS <i>108 River Bluff Drive</i>			CITY <i>Baerne</i>	STATE <i>TX</i>
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <i>Machanic</i>			YOUR SUPERVISOR'S NAME AND TITLE <i>Anthony M Vuocolo</i>	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>New Elevator Construction</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>Traction geared &amp; gearless and 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>12-13-13</i>

# PKD, Inc.

October 25, 2013

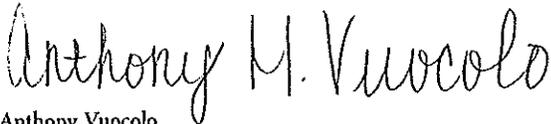
To Whom It May Concern

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 2<sup>nd</sup> mechanic on Camp Lejeune, NC- Modernize 5 hydraulic elevators.
- 2001-2003 2<sup>nd</sup> mechanic on VAMC, Cheyenne, WY- Modernize 5 traction elevators.
- 2003-2004 2<sup>nd</sup> mechanic on Naval Facility, Ft. Worth, TX- Modernize 4 hydraulic elevators.
- 2004-2005 2<sup>nd</sup> mechanic on Leavenworth Prison, KS- Modernize 5 traction elevators.
- 2004-2007- 2<sup>nd</sup> mechanic on USPS, Cincinnati, OH- Modernized 7 hydraulic and 7 traction elevators.
- 2008- 2<sup>nd</sup> 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

Cell [REDACTED]

PKD, INC.

## PKD, Inc.

(DIA Total Systems Contracting)

108 River Bluff Drive, Boerne, TX 78006

Ph.(830)537-5475

[ddaniels@pkdincorporated.com](mailto:ddaniels@pkdincorporated.com)

Fax(830)537-5476

# PKD, Inc.

September 22, 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:

1994-5- Helper/ Laborer on a GSA Courthouse, Hilo, HI- build 2 shafts, install hydraulic elevators and all related electrical.

1997- Helper on GSA Courthouse, Macon, GA- Remove, extend shaft upwards; install new prisoner's traction elevator.

1998-9- Helper on IRS Bldg., Greensboro, NC- Modernize 2 traction elevators; install complete bldg. fire alarm system.

2000- 2<sup>nd</sup> mechanic on Camp Lejeune, NC- Modernize 5 hydraulic elevators.

2001- 2<sup>nd</sup> mechanic on VAMC, Cheyenne, WY- Modernize 5 traction elevators.

2003- 2<sup>nd</sup> mechanic on Naval Facility, Ft. Worth, TX- Modernize 4 hydraulic elevators.

2004- 2<sup>nd</sup> mechanic on Leavenworth Prison, KS- Modernize 5 traction elevators.

2004-7- 2<sup>nd</sup> mechanic on USPS, Cincinnati, OH- Modernized 7 hydraulic and 7 traction elevators.

2008- 2<sup>nd</sup> mechanic on GSA Federal Bldg., Seattle, WA- modernize 4 gearless elevators.

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

Cell [REDACTED]

PKD, INC.

*David D. Daniels, VP*

## PKD, Inc.

(d/b/a: Tappan System Contracting)

108 River Bluff Drive, Boerne, TX 78006

Ph.(830)537-5475

[ddaniels@pkdincorporated.com](mailto:ddaniels@pkdincorporated.com)

Fax(830)537-5476

# PKD, Inc.

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:

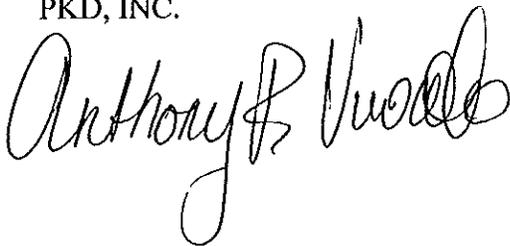
1. 1994-1995- Helper/ Laborer on a GSA Courthouse, Hilo, HI- build 2 shafts, install hydraulic elevators and all related electrical.
2. 1997-1998 Helper on GSA Courthouse, Macon, GA- Remove, extend shaft upwards; install new prisoner's traction elevator.
3. 1998-1999- Helper on IRS Bldg., Greensboro,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

Cell [REDACTED]

PKD, INC.



**PKD, Inc.**

(DBA Total Systems Contracting)

108 River Bluff Drive, Boerne, TX 78006

Ph.(830)537-5475

[ddaniels@pkdincorporated.com](mailto: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

STEVE ARWOOD  
DIRECTOR

January 7, 2014

TO: Members of the Elevator Safety Board

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

SUBJECT: Variance Request for ThyssenKrupp Elevator.

**APPLICANT REPRESENTATIVE:**  
Scott H. Graham, Operations Manager

**APPLICANT:**  
ThyssenKrupp Elevator  
1940 Turner Ave. Suite B  
Grand Rapids, MI 49503

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

**VARIANCE REQUEST:**  
Request has been made by ThyssenKrupp Elevator for a variance to allow a 42 inch deep platform Toe guards in lieu of the required 48 inch toe guards in order to utilize the existing pit depth on the modernization of 4 elevators located at McKay Tower, 146 Monroe Center Ave, Grand Rapids, Michigan.

**APPLICABLE CODE SECTION:**  
ASME A17.1-2007 Section 2.15.9.

**FINDINGS:**  
ASME A17.1-2007 Section 2.15.9.

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

*Providing for Michigan's Safety in the Built Environment*

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

**ThyssenKrupp Elevator**  
Americas Business Unit



ThyssenKrupp

State of Michigan  
Elevator Safety Division  
Attn: Mr. Cal Rogler

Mr. Rogler,

We at ThyssenKrupp Elevator are asking for a variance on A17.1 2007 2.15.9 Platform Guard (apron). The elevators at McKay Tower 146 Monroe Center Ave Grand Rapids, MI 49503 (modernization of four (4) elevators, permit #'s 7666, 7667, 7668, 7669) do not have the minimum required 48" clearance due to pit clearance. We are asking to be able to install toe guards that are 42" in lieu of the required 48". We do comply to 2.19.2 [protection against unintended car movement] (b) the control system.

Best Regards,

A handwritten signature in black ink, appearing to read 'Scott Graham'.

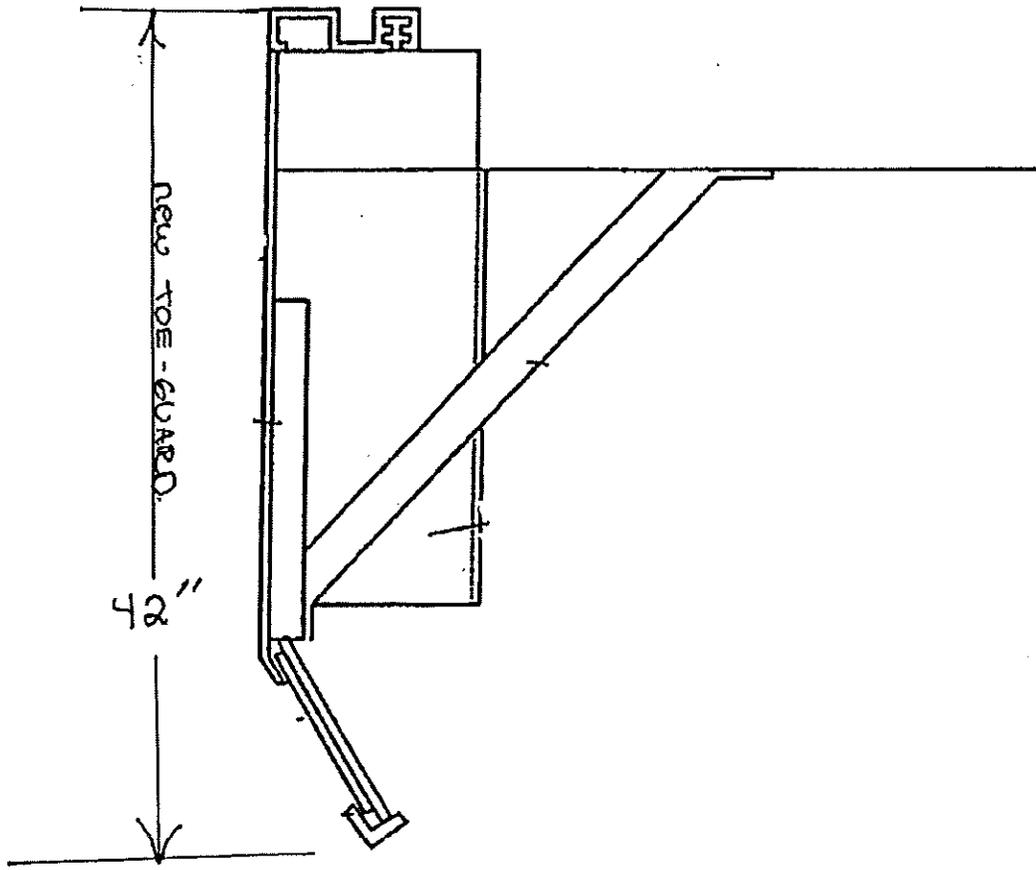
Scott Graham

Operations Manager

ThyssenKrupp Elevator

(616) 437-8771

Scott.graham@thyssenkrupp.com



Application for Permit to Alter Elevator, Dumbwaiter or Escalator

Michigan Department of Energy, Labor & Economic Growth  
 Bureau of Construction Codes / Elevator Safety Division  
 P.O. Box 30255, Lansing, MI 48909  
 517-241-9337

DO NOT SUBMIT WITHOUT STATE SERIAL NUMBER	
STATE SERIAL NUMBER	3655
PERMIT NUMBER	7111111
PERMIT APPROVED BY	DATE
<i>[Signature]</i>	6-20-13

FORMS AND BLUE PRINTS MUST BE SUBMITTED IN TRIPLICATE

Authority: 1967 PA 227 Completion: Mandatory Penalty: \$60.00	DELEG is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
---	---

This form is issued under authority of 1967 PA 227. You must complete this form and return it to the above address with the required fee if you want to alter an elevating device.

Section 15(1). A person, firm or corporation shall not install or alter an elevator without first having obtained a permit from the department. A permit shall be issued only to a person, firm or corporation licensed by the director as an elevator contractor. Permit applications shall be made on forms furnished by the department.

Rule 10. A new, altered, or relocated elevator shall not be placed into service until it has been inspected by, and tested in the presence of, a general inspector, except as provided in section 15 of the act.

ELEVATOR LOCATION (Building Name)		COUNTY	
LOCATION (Address)		CITY	ZIP CODE
156 Monroe Center Ave NW		Grand Rapids	49503
BILLING INFORMATION (Owner or Designated Agent)			
BILLING ADDRESS		CITY	STATE
5304E			
MANUFACTURED BY		MANUFACTURER'S NUMBER	
Westinghouse			
TYPE OF ELEVATOR	POWERED BY	MACHINE TYPE	VOLTAGE
<input checked="" type="checkbox"/> PASSENGER <input type="checkbox"/> ESCALATOR <input type="checkbox"/> FREIGHT <input type="checkbox"/> OTHER <input type="checkbox"/> DUMBWAITER	<input checked="" type="checkbox"/> ELECTRIC MOTOR <input type="checkbox"/> HAND POWERED <input type="checkbox"/> OTHER	<input checked="" type="checkbox"/> TRACTION <input type="checkbox"/> HYDRAULIC <input type="checkbox"/> DRUM <input type="checkbox"/> OTHER <input type="checkbox"/> SPROCKET	480 <input checked="" type="checkbox"/> A.C. <input type="checkbox"/> D.C.
CAPACITY	FLOORS TRAVELED	RISE IN FEET	SPEED
2500 LBS	16	184 FT 5 IN	500 FPM
		NO. CAR ENTRANCES	NO. OF HOISTWAY ENTRANCES
		1	16

LIST EACH SPECIFIC ALTERATION AS LISTED IN ASME A17.1 SECTION 8.7

Modernization of elevator; Complete cab, cab operator sling, safeties, cross head, car doors, cab interior, flooring, machines, ropes, deflectors, sheave, rope gripper, controller, landing system, installation of the destination dispatch in hall & car, hoistway door tracks, interlocks, rollers, reduced stroke oil buffers car & counterweight.

CONTRACTOR'S SIGNATURE (Brian Bradley)			
CONTRACTOR'S COMPANY NAME AND BRANCH OFFICE (City)	COMPANY NUMBER	CONTRACTOR LICENSE NUMBER	PERMIT FEE
Kryssenkrupp Elevator-Grand Rapids	505	2103359	\$95.00
CONTRACTOR'S SIGNATURE		DATE	
<i>[Signature]</i>		6-20-2013	

OFFICE USE ONLY

INSPECTOR'S COMMENTS		
FNA 4-25-12, A & E-12 CIP 11-18-10		
INSPECTOR'S SIGNATURE		
INSPECTOR NUMBER		DATE

Application for Permit to Alter Elevator, Dumbwaiter or Escalator  
 Michigan Department of Energy, Labor & Economic Growth  
 Bureau of Construction Codes / Elevator Safety Division  
 P.O. Box 30255, Lansing, MI 48909  
 517-241-9337

A-452251  
 E-7118

DO NOT SUBMIT WITHOUT STATE SERIAL NUMBER	
STATE SERIAL NUMBER	3666
PERMIT NUMBER	700007
PERMIT APPROVED BY	DATE
7/11/13	6/27/13

(73)

FORMS AND BLUE PRINTS MUST BE SUBMITTED IN TRIPLICATE

Authority: 1967 PA 227 Completion: Mandatory Penalty: \$50.00	DELEG is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
---	---

This form is issued under authority of 1967 PA 227. You must complete this form and return it to the above address with the required fee if you want to alter an elevating device.

Section 15(1). A person, firm or corporation shall not install or alter an elevator without first having obtained a permit from the department. A permit shall be issued only to a person, firm or corporation licensed by the director as an elevator contractor. Permit applications shall be made on forms furnished by the department.

Rule 10. A new, altered, or relocated elevator shall not be placed into service until it has been inspected by, and tested in the presence of, a general inspector, except as provided in section 15 of the act.

ELEVATOR LOCATION (Building Name) CRAZY TOWER		COUNTY Kent	
LOCATION (Address) 146 Monroe Center Ave NW		CITY Grand Rapids	ZIP CODE 49503
BILLING INFORMATION (Owner or Designated Agent)			
BILLING ADDRESS SUIRE		CITY	STATE MI
MANUFACTURED BY Westinghouse		MANUFACTURER'S NUMBER	
TYPE OF ELEVATOR <input checked="" type="checkbox"/> PASSENGER <input type="checkbox"/> ESCALATOR <input type="checkbox"/> FREIGHT <input type="checkbox"/> OTHER <input type="checkbox"/> DUMBWAITER		POWERED BY <input checked="" type="checkbox"/> ELECTRIC MOTOR <input type="checkbox"/> HAND POWERED <input type="checkbox"/> OTHER	MACHINE TYPE <input checked="" type="checkbox"/> TRACTION <input type="checkbox"/> HYDRAULIC <input type="checkbox"/> DRUM <input type="checkbox"/> OTHER <input type="checkbox"/> SPRCKET
CAPACITY 2500 LBS		FLOORS TRAVELED 16	VOLTAGE 480 <input checked="" type="checkbox"/> A.C. <input type="checkbox"/> D.C.
RISE IN FFFT 134 FT 5 IN	SPEED 500 FPM	NO. CAR ENTRANCES 1	NO. OF HOISTWAY ENTRANCES 1

LIST EACH SPECIFIC ALTERATION AS LISTED IN ASME A17.1 SECTION 3.7  
 Modernization of elevator; complete cab, door operator sling, safeties, cross head, car doors, cab interior, flooring, machines, ropes, reflector sheave, rope gripper, controller, landing system, installation of IXC destination dispatch in hall & car, hoistway door tracks, interlocks, rollers, reduced stroke oil buffers car & counterweights.

CONTRACTOR'S SIGNATURE <i>[Signature]</i>			
CONTRACTOR'S COMPANY NAME AND BRANCH OFFICE (City) ThyssenKrupp Elevator-Grand Rapids	COMPANY NUMBER 609	CONTRACTOR LICENSE NUMBER 2103359	PERMIT FEE \$195.00
CONTRACTOR'S SIGNATURE <i>[Signature]</i>		DATE 6-20-2013	

OFFICE USE ONLY

INSPECTOR'S COMMENTS DAH 9-25-12 AB-E-12 NH 11-16-10
--

INSPECTOR'S SIGNATURE	INSPECTOR NUMBER	DATE
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Application for Permit to Alter Elevator, Dumbwaiter or Escalator

Michigan Department of Energy, Labor & Economic Growth  
 Bureau of Construction Codes / Elevator Safety Division  
 P.O. Box 30255, Lansing, MI 48909  
 517-241-9337

17-35233  
 E 7100

DO NOT SUBMIT WITHOUT STATE SERIAL NUMBER	
STATE SERIAL NUMBER	3007 3667
PERMIT NUMBER	711110
PERMIT APPROVED BY	DATE
JMB	6-27-13

FORMS AND BLUE PRINTS MUST BE SUBMITTED IN TRIPLICATE

Authority: 1967 PA 227 Completion: Mandatory Penalty: \$50.00	DELEG is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
---	---

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Rule 10. A new, altered, or relocated elevator shall not be placed into service until it has been inspected by, and tested in the presence of, a general inspector, except as provided in section 15 of the act.

ELEVATOR LOCATION (Building Name)		COUNTY	
146 Monroe Center Ave SW		Grand Rapids	
LOCATION (Address)		CITY	ZIP CODE
146 Monroe Center Ave SW		Grand Rapids	49503
BILLING INFORMATION (Owner or Designated Agent)			
BILLING ADDRESS		CITY	STATE
Same			
MANUFACTURED BY		MANUFACTURER'S NUMBER	
Westinghouse			
TYPE OF ELEVATOR	POWERED BY	MACHINE TYPE	VOLTAGE
<input type="checkbox"/> PASSENGER <input type="checkbox"/> ESCALATOR	<input checked="" type="checkbox"/> ELECTRIC MOTOR	<input checked="" type="checkbox"/> TRACTION <input type="checkbox"/> HYDRAULIC	460 <input checked="" type="checkbox"/> A.C. <input type="checkbox"/> D.C.
<input type="checkbox"/> FREIGHT <input type="checkbox"/> OTHER	<input type="checkbox"/> HAND POWERED	<input type="checkbox"/> DRUM <input type="checkbox"/> OTHER	
<input type="checkbox"/> DUMBWAITER	<input type="checkbox"/> OTHER	<input type="checkbox"/> SPROCKET	
CAPACITY	FLOORS TRAVELED	RISE IN FEET	SPEED
2500 LBS	16	104 FT 5 IN	500 FPM
		NO. CAR ENTRANCES	NO. OF HOISTWAY ENTRANCES
		1	16
LIST EACH SPECIFIC ALTERATION AS LISTED IN ASME A17.1 SECTION 8.7			
Modernization of elevator complete cab, door operator sling, safeties, cross head, car doors, cab interior, landing system, flooring, machines, ropes, deflector sheave, rope gripper, controller, installation of the destination dispatch in hall & car, hoistway door tracks, interlocks, rollers, reduced stroke oil buffers car and counterweight.			

CONTRACTOR'S SIGNATURE			
CONTRACTOR'S COMPANY NAME AND BRANCH OFFICE (City)	COMPANY NUMBER	CONTRACTOR LICENSE NUMBER	PERMIT FEE
Thyssenkrupp Elevator-Grand Rapids	(505)	2103359	\$395.00
CONTRACTOR'S SIGNATURE		DATE	
[Signature]		6-20-2013	

OFFICE USE ONLY

INSPECTOR'S COMMENTS		
FD # 42572, 118-812		
[Signature]		
INSPECTOR'S SIGNATURE	INSPECTOR NUMBER	DATE

Application for Permit to Alter Elevator, Dumbwaiter or Escalator

177

Michigan Department of Energy, Labor & Economic Growth

Bureau of Construction Codes / Elevator Safety Division

P.O. Box 30255, Lansing, MI 48909

517-241-9337

DO NOT SUBMIT WITHOUT STATE SERIAL NUMBER	
STATE SERIAL NUMBER	3668
PERMIT NUMBER	71111
PERMIT APPROVED BY	DATE
LMB	6-27-13

FORMS AND BLUE PRINTS MUST BE SUBMITTED IN TRIPLICATE

Authority: 1967 PA 227 Completion: Mandatory Penalty: \$50.00	DELEG is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
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This form is issued under authority of 1967 PA 227. You must complete this form and return it to the above address with the required fee if you want to alter an elevating device.

Section 15(1). A person, firm or corporation shall not install or alter an elevator without first having obtained a permit from the department. A permit shall be issued only to a person, firm or corporation licensed by the director as an elevator contractor. Permit applications shall be made on forms furnished by the department.

Rule 10. A new, altered, or relocated elevator shall not be placed into service until it has been inspected by, and tested in the presence of, a general inspector, except as provided in section 15 of the act.

ELEVATOR LOCATION (Building Name) McKay Towers		COUNTY Kent	
LOCATION (Address) 146 Monroe Center Ave. NW		CITY Grand Rapids	ZIP CODE 49503
BILLING INFORMATION (Owner or Designated Agent)			
BILLING ADDRESS Same		CITY	STATE
MANUFACTURED BY Hearinghouse		MANUFACTURER'S NUMBER	
TYPE OF ELEVATOR <input checked="" type="checkbox"/> PASSENGER <input type="checkbox"/> ESCALATOR <input type="checkbox"/> FREIGHT <input type="checkbox"/> OTHER <input type="checkbox"/> DUMBWAITER	POWERED BY <input checked="" type="checkbox"/> ELECTRIC MOTOR <input type="checkbox"/> HAND POWERED <input type="checkbox"/> OTHER	MACHINE TYPE <input checked="" type="checkbox"/> TRACTION <input type="checkbox"/> HYDRAULIC <input type="checkbox"/> DRUM <input type="checkbox"/> OTHER <input type="checkbox"/> SPROCKET	VOLTAGE 440 <input type="checkbox"/> A.C. <input type="checkbox"/> D.C.
CAPACITY 2500 LBS	FLOORS TRAVELED 16	RISE IN FEET 154 FT 5 IN	SPEED 500 FPM
		NO. CAR ENTRANCES 1	NO. OF HOISTWAY ENTRANCES 16
LIST EACH SPECIFIC ALTERATION AS LISTED IN ASME A17.1 SECTION 9.7			
MODERNIZATION OF ELEVATOR COMPLETE CAB, DOOR OPERATOR SLING, SAFETIES, CROSS BEAM, DAS DOORS, CAB INTERIOR, FLOORING, MACHINES, ROPES, DEFLECTO SHEAVE, ROPE GRIPPER, CONTROLLER, LANDING SYSTEM, INSTALLATION OF TWO DESTINATION DISPATCH IN HALL & CAB, HOISTWAY DOOR TRACKS, INTERLOCKS, ROLLERS, REDUCED ROPE SLIPPERAGE AND AN OVERWEIGHT.			

CONTRACTOR'S SIGNATURE Ryan McCann CONTRACTOR'S COMPANY NAME AND BRANCH OFFICE (City) Hysentrup Elevator-Grand Rapids				COMPANY NUMBER 605	CONTRACTOR LICENSE NUMBER 2103359	PERMIT FEE \$ 395.00
CONTRACTOR'S SIGNATURE Dorian Bailey					DATE 6-30-2013	

OFFICE USE ONLY

INSPECTOR'S COMMENTS EVA 1-25-12, 11-8-12 2-1-13-K		
INSPECTOR'S SIGNATURE	INSPECTOR NUMBER	DATE