



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

June 7, 2013

9:30 a.m.

1. Call to Order and Determination of Quorum
2. Approval of Agenda (Pages 1-2)
3. Approval of Minutes – January 18, 2013 (Pages 3-7)
4. Review of Elevator Journeyman Examination Applications:
 - a. Michael McClanahan, Class A (Pages 8-12)
5. Review of Elevator Contractor Examination Applications:
 - a. Bradley M. Corbeille, Class A (Pages 13-17)
 - b. Jason Gwin, Class A (Pages 18-22)
 - c. James Howard, Class C (Pages 23-27)
 - d. Michael Kinsella, Class C (Pages 28-32)
 - e. Antwane Maddox, Class A (Pages 33-39)
 - f. Brian Matson, Class A, Re-Exam (Pages 40-43)
6. Review of Elevator Certificate of Competency Examination Applications:
 - a. Bruce Gaither, General Inspector (Pages 44-47)
 - b. Dennis Keeley, General Inspector (Pages 48-53)

Providing for Michigan's Safety in the Built Environment

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

7. Waiver Requests

- a. Adaptive Environments, the Martin Residence, 622 Bay Pointe Dr., Oxford, Michigan (Pages 54-62)
- b. Elevator Solutions, Inc., Taylor Office Building, 8750 Telegraph Rd., Taylor, Michigan. (Pages 63-65)
- c. McNally Elevator Co., the VDV Guest House, Grand Rapids, Michigan. (Pages 66-67)

8. Unfinished Business

- a. Otis Elevator Company, GM Powertrain, 895 Joslyn Rd., Pontiac, Michigan
- b. Kone Inc., 11864 Belden Court, Livonia, Michigan.

9. Legislative Update

10. Division Report

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

11. New Business

12. Public Comment

13. Next Meeting Date – August 23, 2013

14. Adjournment



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

MINUTES
March 22, 2013
9:30 a.m.

MEMBERS PRESENT

Mr. David Flint, Chair
Mr. David Kuras, Vice Chair
Mr. Donald J. Purdie, Jr.
Mr. Mark Smith
Mr. George Svinicki
Mr. David Taylor

MEMBERS ABSENT

Mr. William Kogelschatz
Mr. Antwane Maddox
Ms. Erin Modiano
Mr. Eric Thomas

DEPARTMENT PERSONNEL ATTENDING

Mr. Calvin Rogler - Chief, Elevator Safety Division
Ms. Lynn Weston - Office Supervisor, Elevator Safety Division
Mr. Jerry Wenner - General Inspector Elevator Safety Division
Ms. Laurie Bass - Department Analyst, Elevator Safety Division
Mr. Keith Lambert - Deputy Director, BCC

OTHERS IN ATTENDANCE

Mr. Richard Renaud - Quinn Evans Architects
Mr. Joe Steger - Otis Elevator Co.
Mr. Doug Datema - Otis Elevator Co.
Mr. Pete Kramer - Kramer Management Group
Ms. Mary Cooley - Eyde Co.
Mr. Mike Gnewkowski - Otis Elevator Co.
Mr. Brad Kellen - JK Construction

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1. CALL TO ORDER AND DETERMINATION OF QUORUM

Chairperson Flint called the meeting to order at approximately 9:32 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 Donald J. Purdie, Jr. to approve the agenda. **MOTION CARRIED.**

3. APPROVAL OF MINUTES

A **MOTION** was made by Board member David Kuras and seconded by Board member Donald J. Purdie, Jr. to approve the minutes of the January 18, 2013 meeting. **MOTION CARRIED**

4. REVIEW OF ELEVATOR JOURNEYPerson APPLICATIONS

- a. Charles Brent Bennett, Class C, Re-Exam – (Passed)

Following a review of experience and discussion by the board, a **MOTION** was made by Board member David Kuras and seconded by Board member George Svinicki to approve Charles Brent Bennett to take the Class C Journeyperson examination. **MOTION CARRIED.**

5. REVIEW OF ELEVATOR CONTRACTOR APPLICATIONS

- a. Michael DiMambro, Class A – (Passed)

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

6. REVIEW OF ELEVATOR CERTIFICATE OF COMPETENCY APPLICATIONS

- a. Daniel K. Butcher, General Inspector – (Passed)

Following a review of experience and discussion by the board, a **MOTION** was made by Board member David Kuras and seconded by Board member Dave Taylor to approve Daniel K. Butcher to take the Certificate of Competency examination. **MOTION CARRIED**

- b. Dennis Butcher – General Inspector – (Passed)

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 Dennis Butcher to take the Certificate of Competency examination. **MOTION CARRIED**

- c. Daniel Jeurink, General Inspector – (Passed)

Following a review of experience and discussion by the board, a **MOTION** was made by Board member David Kuras and seconded by Board member George Svinicki to approve Daniel Jeurink to take the Certificate of Competency examination. **MOTION CARRIED**

A **MOTION** was made by Board member David Kuras and seconded by Board member George Svinicki to grant the appropriate license/certification to examinees if they successfully pass their respective exams and pay the appropriate licensing fees. **MOTION CARRIED**

The following applicants were not reviewed by the board:

- a. Marcus Brothers, Class A Journeyman, Re-Exam
- b. Joseph M. Gwinn, Class A Journeyman, Re-Exam
- c. Antwane Maddox, Class A Journeyman, Re-Exam – (Passed)
- d. Neil Palozzolo, Class A Journeyman, Re-Exam - (Passed)
- e. Cody J. Sidle, Class A Journeyman, Re-Exam

7. WAIVER REQUESTS

a. Otis Elevator Company, Knapp's Centre, 300 S. Washington Ave., Lansing, Michigan

Variance Request: A request has been made by Otis Elevator Co. for a variance to allow for a variance from the American Society of Mechanical Engineers A17.1 – 2007, Section 2.15.9.2, (Guard Plate requirements).

A **MOTION** was made by Board member Donald J. Purdie, Jr. and seconded by Board member Mark Smith to approve the variance request of section 2.15.9.2 and allow a 36 inch toe guard 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".

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

8. UNFINISHED BUSINESS

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

Requested documentation was not provided to the board, therefore the postponement that was initiated at the January 18, 2013 board meeting will continue until the next board meeting.

b. Kone Inc., 11864 Belden Court, Livonia, Michigan

The postponement initiated at the January 18, 2013 board meeting will continue until the next board meeting due to additional options being pursued.

9. LEGISLATIVE UPDATE

Deputy Director Keith Lambert communicated that Irvin Poke, Director of the Bureau of Construction Codes, is working on possible board member replacements for terms set to expire in July 2013.

10. DIVISION REPORT

a. Chief's report - C. Rogler

b. Accident report review

11. NEW BUSINESS

BCC Deputy Director Keith Lambert requested volunteers for a committee to meet immediately following the board meeting to discuss experience forms.

12. PUBLIC COMMENT

Chairperson David Flint voiced a concern regarding a lack of communication from elevator manufacturers' to the state and to owners of elevating devices regarding safety deficiencies that have been identified and may impact the safe use of these devices.

13. NEXT MEETING DATE

June 7, 2013

14. ADJOURNMENT

A **MOTION** was made by Board member David Kuras and seconded by Board member George Svinicki to adjourn the meeting at approximately 11:27 a.m. **MOTION CARRIED**

APPROVED: _____

Chair, Elevator Safety Board

_____ Date

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 <u>5-16-13</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.
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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

APPLICANT INFORMATION

CLASS		
<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C - Device Type _____
NAME <u>Michael McClanahan</u>	DATE OF BIRTH [REDACTED]	SOCIAL SECURITY NUMBER* [REDACTED]
ADDRESS [REDACTED]	TELEPHONE NUMBER (Include Area Code) [REDACTED]	
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [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>1991</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>Whitmer High School</u> <u>5601 Clegg Dr.</u> <u>Toledo, Oh 43613</u>			
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE		BACHELOR'S DEGREE?	
Name <u>Monroe County Community College</u>	<input type="checkbox"/> Yes, Date _____	<input checked="" type="checkbox"/> No	
Location <u>1555 South Raisinville Rd</u> <u>Monroe, MI 48161</u>	Major <u>Associate Degree</u>	CREDITS EARNED	
Date <u>1994</u>	Minor <u>Mechanical</u>	UNDERGRADUATE	GRADUATE
		Term _____	Term _____
		Semester _____	Semester _____
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE		GRADUATE DEGREE	
Name _____	Date _____		MAJOR
Location _____			PROFESSIONAL CERTIFICATION OR LICENSE
Date _____			
BUSINESS, CORRESPONDENCE OR TRADE SCHOOLS		COURSE TITLE	
Name <u>NEIEP</u>	<u>National Elevator Industry Educational Program</u>		DATE ATTENDED (Mo-Yr) to (Mo-Yr)
Location <u>2300 Ashland Ave, RM 206</u> <u>Toledo, OH 43620</u>			<u>6-2007 to 9-2012</u>
			TYPE OF CERTIFICATE OR LICENSE AWARDED
			<u>Mechanic Certificate</u>

*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 Robert Fredericks			NAME Jason Gwin		
ADDRESS [REDACTED]			ADDRESS [REDACTED]		
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]
NAME David Walz			NAME <i>Dr. Anthony Harford</i>		
ADDRESS [REDACTED]			ADDRESS [REDACTED]		
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]

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

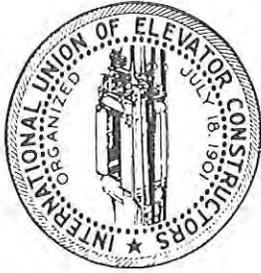
State definitively your qualifying installation and servicing experience on equipment, similar to that for which license is required. Give names and addresses of firms with whom employed, duties, length of service and dates of employment. Present available documentary evidence to substantiate experience.

NAME OF PRESENT OR LAST EMPLOYER Toledo Elevator & Machine Co.			DATE EMPLOYED (Month / Day / Year)		
ADDRESS 221 N. Detroit Ave			CITY Toledo	STATE OH	FROM: 08/13/07 TO: 04/28/13
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) Assistant Mechanic			YOUR SUPERVISOR'S NAME AND TITLE Jason Gwin (Owner)		
JOB DUTIES (New Elevator Construction, Modernization, Service, Repair, Adjuster, etc.) New Construction, Service, Modernization, Maintenance, Repair					
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Dumb Lift, Dumbwaiter, Escalators, etc.) Traction, Hydraulic, Escalators, Rack and Pinion					
NAME OF PREVIOUS EMPLOYER Kone Elevator			DATE EMPLOYED (Month / Day / Year)		
ADDRESS 11864 Belden Court			CITY Livonia	STATE MI	FROM: 08/30/12 TO: 01/26/13
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) Assistant Mechanic			YOUR SUPERVISOR'S NAME AND TITLE Mike Sovle		
JOB DUTIES (New Elevator Construction, Modernization, Service, Repair, Adjuster, etc.) Construction, Repair					
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Dumb Lift, Dumbwaiter, Escalators, etc.) Traction, Hydraulic					

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>Michael McChesler</i>	DATE 4-28-13



LOCAL UNION NO. 44

OF THE

International Union of Elevator Constructors

AFFILIATED WITH THE AFL - CIO

PHONE (419) 242-7902



FAX (419) 242-6627

Thursday, May 02, 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

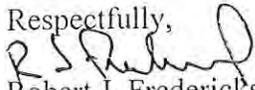
To Whom It May Concern,

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 February 2013 reporting period. These hours do not include hours worked as a "probationary employee", which normally are a minimum of 600 hours.

Michael McClanahan, social security number XXX-XX-██████, has an industry start date of 6/13/2007 and has worked a total of 9,314.5 hours through the February 2013 reporting period. . Mr. McClanahan has spent those hours working in the elevator industry in the areas of construction, service, modernization, or maintenance.

Mr. McClanahan has completed the Elevator Industry Apprenticeship Program and successfully challenged and passed the NEIEP administered Mechanic's Examination on September 10, 2012. 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

TOLEDO

ELEVATOR

May 16, 2013

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

RE: Michael McClanahan

To Whom It May Concern,

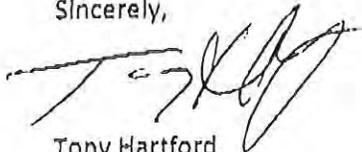
Please allow this letter to serve as reference for Michael McClanahan. Michael currently holds a Class A Journeymans license. Michael's job duties include, but are not limited to the following:

- Service
- Repair
- Construction
- Modernization
- Troubleshooting

My role at Toledo Elevator is the Chief Operating Officer. I can attest that Michael is a professional technician that takes tremendous pride in his work as well as his contribution to the trade. He is an asset that completes our team and is a staple to our organization moving forward. We are very fortunate to have him on our team.

Please do not hesitate to contact me with any other questions you may have. I can best be reached at (419) 241-6422.

Sincerely,



Tony Hartford
Toledo Elevator

221 N Detroit Ave. Toledo, OH 43607
Phone (419) 241-6422 Fax (419) 241-6483 Toll Free 877-641-6422
Email: Info@Toledo-Elevator.com



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

Mike R. McClanahan

Student Certification #: **49716**

Hire Date: **6/13/2007**

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

NATIONAL DIRECTOR
Thursday, September 20, 2012

4 Years of Required Curriculum have been completed

Apprentice Course	Date Completed	Apprentice Course	Date Completed
100 - Trade Skills	7/10/2008	500 - Installation	1/18/2011
200 - Hoistway Structures	7/10/2008	600 - Solid State	6/15/2010
300 - Electrical Fundamentals	7/8/2009	700 - Power & Logic	6/15/2010
400 - Electrical Theory & Application	7/8/2009	800 - Advanced Topics in Elevators	6/21/2011

Mechanic Exam Certificate Granted on 9/20/2012

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.

5/2010

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	5-14-13
<input type="checkbox"/> REJECTED	INITIALS
	JMB
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.

Trans Info: 183 18657516-1 05/09/13

Chk#: [REDACTED] Amt: \$100.00

ID#: BRADLEY CORSETTE

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 Bradley M Corsette		SOCIAL SECURITY NUMBER* [REDACTED]
ADDRESS [REDACTED]		TELEPHONE NUMBER (Include Area Code) [REDACTED]
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]

COMPANY REPRESENTING

COMPANY NAME DTE Energy		
ADDRESS ONE Energy Plaza		BUSINESS TELEPHONE NUMBER (Include Area Code) (313) 304-4968
CITY Detroit	STATE Michigan	ZIP CODE 48226

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

NAME Daniel KUPAS			NAME Clint Shepley		
ADDRESS [REDACTED]			ADDRESS [REDACTED]		
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]
NAME Matt Hill			NAME Antwan Madox		
ADDRESS [REDACTED]			ADDRESS [REDACTED]		
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [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 DTE ENERGY			DATES EMPLOYED (Month / Day / Year)	
ADDRESS 1 Plaza Dr	CITY Detroit	STATE MICH	FROM: March 26th 2013 TO: present	
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) Journeyperson		YOUR SUPERVISOR'S NAME AND TITLE MIKE CRANK		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Maintenance, Service, Repair, Test of Elevator, Escalators				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Traction (geared & gearless) Hydraulic (Direct) Escalators				
NAME OF PREVIOUS EMPLOYER Thyssen Krupp Elevator			DATES EMPLOYED (Month / Day / Year)	
ADDRESS 35432 Industrial Rd.	CITY Livonia	STATE MICH	FROM: Aug. 5th 2008 TO: March 14th 2013	
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) Journeyperson, Apprentice		YOUR SUPERVISOR'S NAME AND TITLE Brian Bailey		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Construction, Maintenance, Service, of elevators, and Escalators				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Traction (geared, gearless) Hydraulic (direct), Escalators				
NAME OF PREVIOUS EMPLOYER KONE Elevator			DATES EMPLOYED (Month / Day / Year)	
ADDRESS 11804 Belden Ct.	CITY Livonia	STATE MI	FROM: June 7th 2006 TO: Aug 1st 2008	
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) Apprentice		YOUR SUPERVISOR'S NAME AND TITLE Scott Noctley		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Construction, Maintenance, Service, Repair				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Traction (geared, gearless) Hydraulic (direct, roped) Escalators				

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

CERTIFICATION AND SIGNATURE

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

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

[Handwritten Signature]

DATE

April 29th 2013

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			DATES EMPLOYED (Month / Day / Year)	
ADDRESS	CITY	STATE	FROM:	TO:
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 <i>Schindler Elevator</i>			DATES EMPLOYED (Month / Day / Year)	
ADDRESS <i>28451 Schoolcraft Rd</i>	CITY <i>Livonia</i>	STATE <i>MI</i>	FROM: <i>Dec 30 1999</i>	TO: <i>Nov 23 2006</i>
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <i>Apprentice</i>		YOUR SUPERVISOR'S NAME AND TITLE <i>John Schmitt</i>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>Elevator 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, roped) Escalators</i>				
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year)	
ADDRESS	CITY	STATE	FROM:	TO:
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 <i>April 29th 2013</i>
---	---



April 29th 2013

Michigan Department of Energy, Labor & Economic Growth

Bureau of Construction Codes

Elevator Safety Division

Elevator Safety Board

P.O. Box 30255

Lansing Michigan 48909

Dear Gentlemen,

This letter is to verify Bradley M Corbelle, Journeyman license number #2200184, Has worked as a State of Michigan Elevator Journeymen In the elevator industry since Dec 3rd 1999. Brad is qualified and licensed to perform, or to provide supervision in the performance of, work of installation, repair, servicing, adjusting, inspecting, or testing of elevators, and other forms of lifting devices, in the State of Michigan



Matt Hill

Local 36 journeyman



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

April 26, 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 Bradley M. Corbeille as being December 3, 1999.

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

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	5.16.13
<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.

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

Trans Info: 183 18666074-1 05/14/13
CHK#: [REDACTED] Amt: \$100.00
ID: TOLEDO ELEVATOR & MACHINE CO

APPLICANT INFORMATION

CLASS	<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C - Device Type	
NAME	Jason Gwin	
ADDRESS	[REDACTED]	
STATE	ZIP CODE	SOCIAL SECURITY NUMBER*
[REDACTED]	[REDACTED]	[REDACTED]
TELEPHONE NUMBER (Include Area Code)	[REDACTED]	

COMPANY REPRESENTING

COMPANY NAME	Toledo Elevator	
ADDRESS	[REDACTED]	
STATE	ZIP CODE	BUSINESS TELEPHONE NUMBER (Include Area Code)
[REDACTED]	[REDACTED]	[REDACTED]

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	Stacey Winters		NAME	Bob Frudrucko	
ADDRESS	[REDACTED]		ADDRESS	[REDACTED]	
STATE	ZIP CODE	CITY	STATE	ZIP CODE	CITY
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
NAME	Jerry Virzi		NAME		
ADDRESS	[REDACTED]		ADDRESS		
STATE	ZIP CODE	CITY	STATE	ZIP CODE	CITY
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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

JP # 2200683

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

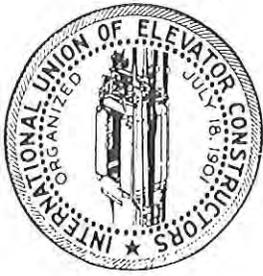
State definitively your qualifying installation and servicing experience on equipment, similar to that for which license is required. Give names and addresses of firms with whom employed, duties, length of service and dates of employment. Present available documentary evidence to substantiate experience.

NAME OF PRESENT OR LAST EMPLOYER Toledo Elevator			DATES EMPLOYED (Month / Day / Year) FROM: TO: 2-25-08 Present	
ADDRESS 221 N. Detroit Ave.	CITY Toledo	STATE Ohio		
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) Elevator Mechanic		YOUR SUPERVISOR'S NAME AND TITLE David Walz (Former Vice President)		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Construction, Maint & Repair				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Both Geared & Gearless traction, Hydraulic, both Direct & Roped, Vertical Platform lifts, LULAS, Sidewalk Lifts, Dumbwaiters, manlifts.				
NAME OF PREVIOUS EMPLOYER Otis Elevator			DATES EMPLOYED (Month / Day / Year) FROM: TO: 12-13-03 2-25-08	
ADDRESS 5960 Angola	CITY Holland	STATE Ohio		
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) Elevator Mechanic - Journeyman		YOUR SUPERVISOR'S NAME AND TITLE Bill Anderson Supervisor Tol Branch		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair/Adjuster, etc.) Modernization, Full Time Main. Technician at Local Hospital				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Geared & Gearless Traction, Hydro Roped & Direct, Dumbwaiters				
NAME OF PREVIOUS EMPLOYER Thyssen Dover Elevator			DATES EMPLOYED (Month / Day / Year) FROM: TO: 1-98 12-03	
ADDRESS McNerney Rd	CITY	STATE		
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) Apprentice		YOUR SUPERVISOR'S NAME AND TITLE Scott Lahmers or Don Cook		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) New Construction, Service, Repair & Modernization				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Traction - geared & Gearless, Hydraulic Direct, escalators, Dumbwaiters				

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

CERTIFICATION AND SIGNATURE

I certify all statements are true to the best of my knowledge and that all work shall be done according to the State of Michigan elevator law, rules and regulations adopted by the Elevator Safety Board.	
I also certify I am actively employed by the company I'm representing and that in the event of my leaving said firm, agree to immediately notify the Michigan Department Licensing and Regulatory Affairs, Bureau of Construction Codes.	
SIGNATURE OF APPLICANT Jason A. Puri	DATE 2200683 May 10, 2013



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, May 10, 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 Contractor Licensing Verification

To Whom It May Concern,

Please allow the following information to serve as verification of proof of eligibility for a Michigan Elevator Contractor's 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 February 2013 reporting period. These hours do not include hours worked as a "probationary employee", which normally are a minimum of 600 hours. Jason A. Gwin, social security number XXX-XX-██████, has an industry start date of 07/29/1998 and has worked a total of 26,342.89 hours through the February 2013 reporting period. Mr. Gwin has spent those hours working in the elevator industry in the areas of construction, service, modernization, and/or maintenance.

Mr. Gwin has completed the Elevator Industry Apprenticeship Program and successfully challenged and passed the NEIEP administered Mechanic's Examination on October 18, 2005. 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

TOLEDO

ELEVATOR

221 N Detroit Ave.
Toledo, OH 43607
Phone (419) 241-6422 Fax (419) 241-6483
Email: info@Toledo-Elevator.com

May 10, 2013

To Whom It May Concern:

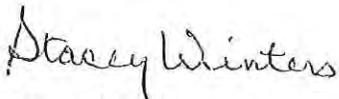
Please allow this letter to serve as reference for Jason Gwin. I have worked with Jason at Toledo Elevator for the last five years. Jason currently holds a Class A Journeyman's license. Jason's job duties include, but are not limited to the following:

- Service
- Repair
- Troubleshooting
- Construction
- Modernization of all types of elevator equipment.

My current position at the company is the Office Manager. I can vouch that Jason Gwin is a professional when it comes to his position and performance; he is personable and is an asset to this company in many ways.

Please do not hesitate to call me for any further information. My phone number directly is (419) 241-6422 and my cell phone is (419) 409-0898.

Sincerely,



Stacey Winters
Toledo Elevator and Machine Company Inc.



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

Jason A. Gwin

Student Certification #: **33181**

Hire Date: **7/29/1998**

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

NATIONAL DIRECTOR
Friday, May 10, 2013

4 Years of Required Curriculum have been completed

Apprentice Course	Date Completed	Apprentice Course	Date Completed
100 - Trade Skills	6/16/2003	500 - Installation	7/8/2003
200 - Hoistway Structures	6/16/2003	600 - Solid State	7/15/2005
300 - Electrical Fundamentals	7/16/2004	700 - Power & Logic	7/15/2005
400 - Electrical Theory & Application	7/16/2004	800 - Advanced Topics in Elevators	7/8/2003

Mechanic Exam Certificate Granted on 10/18/2005

Other Certificates:

(2005, 8 Hours) 8-Hour Machine Room Maintenance

(2012) 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.

5/2010

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	5.15.13
<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 preceding the date of the examination.
- The applicant shall be in a position to submit sufficient information relative to his/her experience, integrity and responsibility.
- Applicant must have at least 5 years of experience as an elevator constructor or journeyperson 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.

Trans Infor 103 10257527-1 05/09/13

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION? No Yes

CHK#: [REDACTED] Amt: \$100.00
ID: ALLIED STAIRLIFTS

APPLICANT INFORMATION

CLASS		
<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C - Device Type SC, IPL, VPL
NAME James Howard		[REDACTED]
ADDRESS [REDACTED]		[REDACTED]
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]

COMPANY REPRESENTING

COMPANY NAME 2nd Step		
ADDRESS 327 Ridgmont		BUSINESS TELEPHONE NUMBER (Include Area Code) (586) 718 3520
CITY Grosse Pointe Farms	STATE Michigan	ZIP CODE 48236

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, journeyperson or equivalent.

NAME Bruce Lardner		NAME Larry Aronof	
ADDRESS [REDACTED]		ADDRESS [REDACTED]	
STATE [REDACTED]	ZIP CODE [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]
NAME Mike Kinsella		NAME	
ADDRESS [REDACTED]		ADDRESS	
STATE [REDACTED]	ZIP CODE [REDACTED]	CITY	STATE [REDACTED]
		ZIP CODE	

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

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

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

NAME OF PRESENT OR LAST EMPLOYER <i>2nd Step</i>			DATES EMPLOYED (Month / Day / Year) FROM: <i>1/1/04</i> TO: <i>Present</i>	
ADDRESS <i>327 Ridgmont</i>	CITY <i>Grosse Pointe Farms</i>	STATE <i>MI</i>		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <i>Journeyperson</i>		YOUR SUPERVISOR'S NAME AND TITLE <i>Bruce Lashner - Mechanic</i>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>NEW Construction, maintenaca, Repair</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>IPL, VPL, SC, RES, LULA. Screw, Hydro-direct and Roped</i>				
NAME OF PREVIOUS EMPLOYER <i>Acton Rental</i>			DATES EMPLOYED (Month / Day / Year) FROM: <i>1/1/05</i> TO: <i>Present</i>	
ADDRESS <i>10646 Northend Ave</i>	CITY <i>Ferndale</i>	STATE <i>MI</i>		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <i>Journeyperson</i>		YOUR SUPERVISOR'S NAME AND TITLE <i>Larry Honoff</i>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>New Installation, maintenance, repair</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>IPL, SC, VPL - SCREW, and Roped Hydro</i>				
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year)	
ADDRESS	CITY	STATE	FROM:	TO:
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 <i>5/7/13</i>

Michigan Department of Labor and Economic Growth

Bureau of Construction Codes

Elevator Safety Division

Attn. C. Rogler, Chief Elevator Inspector

May 7, 2013

Dear Sir,

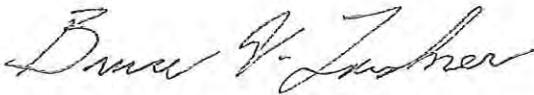
Having worked with James Howard since 2004 on residential elevators, vertical platform lifts, inclined platform lifts, and stairway chairlifts (both commercial and residential) I consider him well qualified to sit for the Class C Contractors exam on the above named devices.

Please consider this my letter of reference.

Should there be any questions I can be reached at 1-586-718-3520.

Thank you for your time and attention to this matter.

Sincerely,



Bruce V. Lardner

Class A Elevator Journeyman

Class A Elevator Contractor

ACTON RENTAL & SALES COMPANY, INC.

10646 NORTHEND
FERNDALE, MICHIGAN 48220
PHONE: (313) 891-6500 FAX: (248) 545-8222
EMAIL: actonsalesco1234@aol.com

2 May 2013

Elevator Safety Division
P.O. Box 30255
Lansing Michigan 48909
Att: Cal Rogler Chief Elevator Inspector

Dear Mr. Rogler,

Please accept this letter of reference for James Howard, who has applied for the Elevator Contractors Exam. I have known and worked with Jim since 2005. In this time I have seen him become a highly skilled and knowledgeable elevator journeyman. His commitment to safety and quality of work make him an excellent candidate to become an Elevator Contractor.

I am confident if Jim becomes an Elevator Contractor he will continue to provide the commitment to safety and quality of work that he has shown in the past. If you have any questions or wish to speak further about Jim please feel free to call me. (313 520-0909)

Sincerely,

Larry L. Aronoff
Acton Sales Company



License: 2201675 Location: _____
Status: ISSUED LICENSEE: HOWARD, JAMES
Date: 03/19/2009

Back Stop

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

Base Information

Status: Status Change Date: 03/19/2009
Hold:
Hold Date:
License Type: SPECIFIC DEVICES

Classified Devices

1.	<input type="text" value="IPL"/> INCLINED PLATFORM LIFT	Journey #: 2201675
2.	<input type="text" value="LULA"/> LIMITED-USE/LIMITED-APPL ELEV	Alt Number: 1675
3.	<input type="text" value="RES"/> RESIDENTIAL PASSENGER	Journey: HOWARD, JAMES
4.	<input type="text" value="SC"/> STAIR CLIMBER	Address: _____
5.	<input type="text" value="VPL"/> VERTICAL PLATFORM LIFT	1561 BRYN
6.	<input type="text" value=""/>	GROSSE POINTE WOODS MI
7.	<input type="text" value=""/>	Zip: 48236
8.	<input type="text" value=""/>	Phone: _____
9.	<input type="text" value=""/>	County: 82 WAYNE
10.	<input type="text" value=""/>	

Applied: 03/19/2009
Original Issue: 03/19/2009
Effective: 01/18/2013
Renewal: 01/03/2013
Expires: 03/19/2014
Late Note:
Inactive:

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

Update Exit Back

32-Bit ©2008 - Accela, Inc. All Rights Reserved
Number: 6047 Users: 100 Version: v. 5.5.16

License 3.10.09

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>Action Sales Company</i>			DATES EMPLOYED (Month / Day / Year) FROM: <i>December 15th 1995</i> TO: <i>Present</i>	
ADDRESS <i>10646 North End</i>	CITY <i>Ferndale</i>	STATE <i>Michigan</i>		
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) <i>Sales, Installation & Service Manager</i>		YOUR SUPERVISOR'S NAME AND TITLE <i>LARRY ABRONOFF OWNER</i>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>SALES, Installation, Inspection, Service, Maintenance And REPAIR FOR STAIRLIFTS Vertical PlatformLIFTS Incline PlatformLIFTS</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>Vertical PlatformLIFTS, Incline PlatformLIFTS STAIRLIFTS And Wheelchair Elevating Devices</i>				
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year)	
ADDRESS	CITY	STATE	FROM:	TO:
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.)		YOUR SUPERVISOR'S NAME AND TITLE		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.)				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.)				
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year)	
ADDRESS	CITY	STATE	FROM:	TO:
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.)		YOUR SUPERVISOR'S NAME AND TITLE		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.)				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.)				

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

CERTIFICATION AND SIGNATURE

I certify all statements are true to the best of my knowledge and that all work shall be done according to the State of Michigan elevator law, rules and regulations adopted by the Elevator Safety Board.	
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>Michele Kinsella</i>	DATE <i>5-2-2013</i>

Michigan Department of Labor and Economic Growth

Bureau of Construction Codes

Elevator Safety Division

Attn. C. Rogler, Chief Elevator Inspector

May 7, 2013

Dear Sir,

Having worked with Michael Kinsella since 1998 on residential elevators, vertical platform lifts, inclined platform lifts, and stairway chairlifts (both commercial and residential) I consider him well qualified to sit for the Class C Contractors exam on the above named devices.

Please consider this my letter of reference.

Should there be any questions I can be reached at 1-586-718-3520.

Thank you for your time and attention to this matter.

Sincerely,

A handwritten signature in cursive script that reads "Bruce V. Lardner".

Bruce V. Lardner

Class A Elevator Journeyman

Class A Elevator Contractor

ACTON RENTAL & SALES COMPANY

10646 NORTHEND AVENUE
FERNDALE, MICHIGAN 48226-2157
PHONE: 313 891-6500 FAX: 248 545-8222
Email: actonsalesco1234@aol.com

Michigan Department of Labor and Economic Growth
Bureau of Construction Codes and Fire Safety
Elevator Safety Division
Elevator Safety Board
P.O. box 30255
Lansing, Michigan 48909

29 April 2013

Attention: C. Rogler, Chief Elevator Inspector

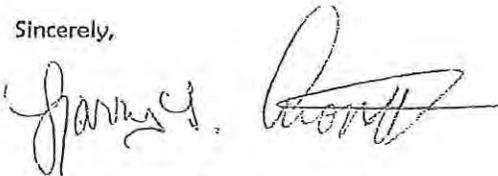
Dear Mr. Rogler:

I have worked with Michael Kinsella since 1995. During that time he has worked on stair way chair lifts, vertical platform lifts and incline platform lifts (commercial and residential), LULAs and residential elevators.

He has a broad knowledge of the complexities inherent in installing the variety of lifts mentioned above. I consider him very well qualified to sit for the Class C Elevator Contractor's exam.

If you have any questions, I can be reached at [REDACTED] or at the office 313 891-6500.

Sincerely,



Larry L. Aronoff: Owner
Acton Rental and Sales Company
Class C Elevator Contractor's License

License: 2200928 Location:
 Status: ISSUED Licensee: KINSELLA, MICHAEL
 Date: 02/12/2009

Back Stop

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

Basic Information

Status: ISSUED Status Change Date: 02/15/2008
Hold:
Hold Date: / /
License Type: CLASS C SPECIFIC DEVICES

Basic Device Data:

1.	<input type="checkbox"/> IPL	INCLINED PLATFORM LIFT
2.	<input type="checkbox"/> SC	STAIR CLIMBER
3.	<input type="checkbox"/> VPL	VERTICAL PLATFORM LIFT
4.	<input checked="" type="checkbox"/> WED	WHEELCHAIR ELEVATING DEVICE
5.	<input type="checkbox"/>	
6.	<input type="checkbox"/>	
7.	<input type="checkbox"/>	
8.	<input type="checkbox"/>	
9.	<input type="checkbox"/>	
10.	<input type="checkbox"/>	

Journey #: 2200928
Alt Number: 46450
Journey: KINSELLA, MICHAEL
Address: 6677 KNOLLWOOD CIRCLE
WEST BLOOMFIELD MI
Zip: 48322
Phone:
County: 63 OAKLAND

Applied: 04/22/2008
Original Issue: 02/15/2008
Effective: 03/22/2013
Renewal: 02/01/2013
Expires: 04/22/2014
Late Note: / /
Inactive: / /

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

Update Exit Back



32-Bit ©2008 - Accela, Inc. All Rights Reserved
Number: 6047 Users: 100 Version: v. 5.5.16

Licensed as one 4.16.1998

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

183

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

OFFICE USE ONLY

DIVISION ACTION	DATE
<input checked="" type="checkbox"/> SUBMITTED TO BOARD	5.16.13
<input type="checkbox"/> REJECTED	INITIALS
BOARD ACTION	DATE
<input type="checkbox"/> APPROVED	
<input type="checkbox"/> REJECTED	

EXAMINATION FEE: \$100.00 (nonrefundable)

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

IMPORTANT - READ CAREFULLY

- 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

Trans Info: 193 18666724-1 05/13/13
DATE: [REDACTED] AMT: \$100.00
ID: ARTBARK MADDOX

APPLICANT INFORMATION

CLASS	<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C - Device Type
NAME	Akshane Maddox
SOCIAL SECURITY NUMBER	[REDACTED]

COMPANY REPRESENTING

COMPANY NAME	DTE Energy	
ADDRESS	3500 E. Front st	BUSINESS TELEPHONE NUMBER (Include Area Code) 734) 755-0892
CITY	Monroe	STATE Mi
		ZIP CODE 48101

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	Michael Cronk	NAME	Kurt Johnson
ADDRESS	[REDACTED]	ADDRESS	[REDACTED]
STATE	[REDACTED]	STATE	[REDACTED]
NAME	Steve Grant	NAME	Michael Walker
ADDRESS	[REDACTED]	ADDRESS	[REDACTED]
STATE	[REDACTED]	STATE	[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 DTE Energy			DATES EMPLOYED (Month / Day / Year) FROM: 3/11/13 TO: present		
ADDRESS 3500 E. Front St.		CITY Monroe	STATE MI		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) Journeyman			YOUR SUPERVISOR'S NAME AND TITLE Michael Cronk		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Maintenance, service, repair					
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Traction elevators geared & gearless, hydraulic elevators, escalators, Atimark					
NAME OF PREVIOUS EMPLOYER City of Detroit			DATES EMPLOYED (Month / Day / Year) FROM: 8/2001 TO: 5/2003		
ADDRESS 2 Woodward		CITY Detroit	STATE Michigan		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) Elevator Inspector			YOUR SUPERVISOR'S NAME AND TITLE Kurt Johnson, Supervisory Elevator Insp.		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Inspection of new or altered elevating devices to determine compliance with applicable laws, rules, and standards; perform annual and periodic inspections on commercial elevating devices, order corrections when violations are identified, maintain records and reports, investigate elevator accidents & complaints.					
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Geared, gearless traction, Hydraulic, Escalators, Dumbwaiter, Moving walks, wheel chair lifts, stage lift, VPL, MLL.					
NAME OF PREVIOUS EMPLOYER Kone Elevator Company			DATES EMPLOYED (Month / Day / Year) FROM: 1/2000 TO: 8/2001		
ADDRESS 11864 Belden Ct.		CITY Livonia	STATE MI.		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) Temporary Journey person			YOUR SUPERVISOR'S NAME AND TITLE Norm Price		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Maintenance, service, repair					
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Geared, gearless traction, Hydraulic, Escalators, Dumbwaiter, Moving walks, wheel chair lifts					

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 5-9-13

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>Otis Elevator Company</i>			DATES EMPLOYED (Month / Day / Year)	
ADDRESS <i>25365 Interchange</i>			FROM: <i>6/05</i>	TO: <i>1/2008</i>
CITY <i>Farmington Hills</i>		STATE <i>MI</i>		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <i>Apprentice</i>		YOUR SUPERVISOR'S NAME AND TITLE <i>Pat Carroll</i>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>Maintenance, service, repair, construction, modernization</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>Geared, gearless traction, hydraulic, escalators, dumbwaiter</i>				
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year)	
ADDRESS		CITY	STATE	FROM: TO:
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)	
ADDRESS		CITY	STATE	FROM: TO:
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 <i>A. Maciej</i>	DATE <i>5-4-13</i>

CITY OF DETROIT
BUSINESS & SAFETY BOARD

CITY OF DETROIT
BUSINESS AND SAFETY BOARD
ADDRESS ONLY
CELESTIAL A. YOUNG MUNICIPAL CENTER
2 WOODWARD AVENUE, SUITE 401
DETROIT, MICHIGAN 48226
WWW.CITYOFDETROIT.MI.GOV

May 8, 2013

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

Dear Gentlemen:

This is to inform you that Antwane Maddox is well qualified to take the State of Michigan Elevator Contractors Exam. Mr. Maddox has been working in the Elevator trade continually since June 1995 and has continuous experience in service, modernization maintenance, as well as new elevator installation and construction. Mr. Maddox has held his City of Detroit Contractors License since 2000 and is very knowledgeable of the Elevator Code.

Antwane Maddox has worked for the City of Detroit Elevator Inspection Division since August 2001. He is a highly respected individual in his field. He is a competent and very reliable worker. He gets along well with others and is spoken very highly of amongst his co-workers. I can personally attest to Mr. Maddox's work skills and work ethics as a City of Detroit Elevator Inspector.

If you have any questions, please feel to contact me at the number provided.



Kurt Johnson, Supervising Elevator Inspector
Construction Division, Rm 408
(313) 224-9401

/ed

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

DTE Energy



May 9, 2013

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

Dear Gentlemen,

This letter is to verify the employment of Antwane Maddox at DTE Energy. Antwane's Class A State of Michigan Elevator Journeyman license number is # 2201745. Antwane has worked as a State of Michigan Elevator Journeyperson at DTE Energy since March 11, 2013. Antwane is fully qualified and licensed to perform, or to provide supervision in the performance of, the work of installation, alteration, maintenance, repair, servicing adjusting inspecting, or testing elevators at DTE Energy.

A handwritten signature in black ink, appearing to read "Michael G. Cronk".

Michael G. Cronk
General Supervisor
17150 Allen Road
Room 165
Melvindale, MI 48150
(313) 389.7712

Affiliated with the Michigan State Building Trades Council and Detroit Building Trades Council



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 18, 2012

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 Antwane M. Maddox as being June 8, 1995. He was a member of Local 36 until April 30, 2002 when he became a City of Detroit Inspector.

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,

David Kuras

David Kuras
Business Manager / Financial Secretary

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

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

OFFICE USE ONLY

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

EXAMINATION FEE: \$100.00 (nonrefundable)

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

Trans Info: 193 19666723-1 05/13/13
Date: [REDACTED] Amt: \$100.00
ID: BRIAN MATSON

APPLICANT INFORMATION

CLASS	<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C - Device Type <u>Contractors</u>		
NAME	<u>Brian Keith Matson</u>		
CITY	STATE	ZIP CODE	
[REDACTED]	[REDACTED]	[REDACTED]	

COMPANY REPRESENTING

COMPANY NAME		
<u>DTE Energy</u>		
ADDRESS	BUSINESS TELEPHONE NUMBER (Include Area Code)	
<u>1 Energy Plaza</u>	<u>313-806-3610</u>	
CITY	STATE	ZIP CODE
<u>Detroit</u>	<u>MI</u>	

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

NAME	NAME
<u>Mike DiMambro</u>	<u>Ken Bazner</u>
ADDRESS	ADDRESS
[REDACTED]	[REDACTED]
CITY	CITY
[REDACTED]	[REDACTED]
STATE	STATE
[REDACTED]	[REDACTED]
ZIP CODE	ZIP CODE
[REDACTED]	[REDACTED]
NAME	NAME
<u>Mark Sexton</u>	<u>John Mastrantonio</u>
ADDRESS	ADDRESS
[REDACTED]	[REDACTED]
CITY	CITY
[REDACTED]	[REDACTED]
STATE	STATE
[REDACTED]	[REDACTED]
ZIP CODE	ZIP CODE
[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>DTE Energy</i>			DATES EMPLOYED (Month / Day / Year) FROM: <i>2-09</i> TO: <i>Present</i>	
ADDRESS <i>1 Energy Plaza</i>	CITY <i>Detroit</i>	STATE <i>MI</i>		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <i>Journeyman Crane & Elevator</i>		YOUR SUPERVISOR'S NAME AND TITLE <i>Mike Cronk Supervisor FMTs</i>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>Service, Maintenance, Repair Elevator & Escalators</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Staga Lift, Sidewalk, Escalators, etc.) <i>Traction - (geared & gearless) Hydraulic (direct) Escalators</i>				
NAME OF PREVIOUS EMPLOYER <i>Otis Elevator</i>			DATES EMPLOYED (Month / Day / Year) FROM: <i>2-09</i> TO: <i>2-08</i>	
ADDRESS <i>Interchange Ct</i>	CITY <i>Framington Hills</i>	STATE <i>MI</i>		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <i>Journeyman Mechanic</i>		YOUR SUPERVISOR'S NAME AND TITLE <i>JOE Steger</i>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>Maintenance, Service, Mod, Repair, Escalators</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Staga Lift, Sidewalk, Escalators, etc.) <i>Traction (geared & gearless) Stage lift Hydraulic (Roped & direct) Side walk, Escalators</i>				
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year)	
ADDRESS	CITY	STATE	FROM:	TO:
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), Staga Lift, Sidewalk, Escalators, etc.)				

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

CERTIFICATION AND SIGNATURE

I certify all statements are true to the best of my knowledge and that all work shall be done according to the State of Michigan elevator law, rules and regulations adopted by the Elevator Safety Board.	
I also certify I am actively employed by the company I'm representing and that in the event of my leaving said firm, agree to immediately notify the Michigan Department of Energy, Labor and Economic Growth, Bureau of Construction Codes.	
SIGNATURE OF APPLICANT <i>Brian Matsen</i>	DATE <i>5/10/13</i>

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

DTE Energy



May 7, 2013

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

Dear Gentlemen,

I would like to refer Brian Matson the opportunity to sit for the State of Michigan Elevator Contractor Exam. Brian's Class A State of Michigan Elevator Journeyman license number is #2200703. I have known Brian Matson for the last 5 years at DTE and have worked directly with him for the last two years. I can personally attest to Brian Matson work skills and work ethics as a DTE Elevator Mechanic.

Mark Sexton
DTE Energy
Elevator Journeyman
Mark E. Sexton
Journeyman License # 2200142

Class A Contractor License # 2100730

City of Detroit License #'s:
Journeyman LIC2002-00133

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

DTE Energy



May 7, 2013

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

Dear Gentlemen,

I would like to refer Brian Matson the opportunity to sit for the State of Michigan Elevator Contractor Exam. Brian's Class A State of Michigan Elevator Journeyman license number is #2200703. I have known Brian Matson for the last 5 years at DTE and have worked directly with him for the last two years. I can personally attest to Brian Matson work skills and work ethics as a DTE Elevator Mechanic.

A handwritten signature in black ink, appearing to read "Michael P. DiMambro". The signature is fluid and cursive.

Michael P. DiMambro
DTE Energy
Elevator Journeyman
Journeyman License # 2200560

City of Detroit License #'s:
Journeyman LIC2001-06158

MI. CONTRACTOR # 2103343

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

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

OFFICE USE ONLY

DIVISION ACTION	DATE <u>5-14-13</u>
<input checked="" type="checkbox"/> SUBMITTED TO BOARD	INITIALS
<input type="checkbox"/> REJECTED	
BOARD ACTION	DATE
<input type="checkbox"/> APPROVED	
<input type="checkbox"/> REJECTED	

EXAMINATION FEE: \$50.00 (nonrefundable)

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

- This application must be on file in the office of the Elevator Safety Division, Department of Licensing and Regulatory Affairs, Bureau of Construction Codes, P.O. Box 30255, Lansing, Michigan, 48909, on or before the twentieth day proceeding the date of the examination.
- Examinations will be held at location and on dates designated by the Elevator Safety Board in accordance with 1967 PA 227.
- General inspector applicants must have 3 years of experience in elevator construction. Special inspector applicants must have 3 years of experience in designing, installing, maintaining or inspecting elevators.
- Applicant shall record his/her formal education and names of his/her previous employers, date of employment and type of work performed.
- Provide a written reference from one or more previous employers certifying the applicant's character and experience.
- Examination applications not properly completed will be rejected.
- The examination fee must accompany this application. Make check or money order payable to the **State of Michigan**.
- Mail completed examination application and fee to above address.

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION?

No Yes

RECEIVED
 5-14-13
 STATE OF MICHIGAN
 BUREAU OF CONSTRUCTION CODES

APPLICANT INFORMATION

TYPE			
<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		
NAME		S	
BRUCE C. GAITHER		[REDACTED]	
[REDACTED]		[REDACTED]	
C	[REDACTED]	[REDACTED]	[REDACTED]
Do you currently hold an elevator contractor license?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Class <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	License No. <u>2100650</u>
Do you currently hold an elevator journeyman license?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Class <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	License No. <u>2200168</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 checked="" 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>1969</u> <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <u>NA</u>
HIGH SCHOOL	
<u>REDFORD HIGH SCHOOL, DETROIT, MI</u>	
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING)	
<u>SCHOOL CRAFT COLLEGE, LIVONIA, MI A.S. OF APPLIED SCIENCE</u>	
SPECIAL TRAINING	
<u>INTERNATIONAL UNION OF ELEVATOR CONSTRUCTORS, MECHANIC APPRENTICESHIP SCHOOL, COMPLETED</u>	

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

NOTE: LETTERS CURRENTLY OF FILE

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 MICHIGAN ACCESSIBILITY LIFTS			DATES EMPLOYED (Month / Day / Year) FROM: 1993 TO: PRESENT	
ADDRESS 627 FILMORE ST.	CITY CANTON	STATE MI		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) OWNER, ELEVATOR JOURNEY PERSON		YOUR SUPERVISOR'S NAME AND TITLE —		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) NEW LIFT CONSTRUCTION, SERVICE, REPAIR & MAINTENANCE SALES OF EQUIPMENT, OFFICE MANAGEMENT PART TIME & FULL TIME				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) ROPE D HYDRAULIC PAS. ELEVATORS, VERTICAL & INCLINED LIFTS (WHEELCHAIR LIFTS) LULA LIFTS ROPE D HYDRO				
NAME OF PREVIOUS EMPLOYER KONE ELEVATOR			DATES EMPLOYED (Month / Day / Year) FROM: TO:	
ADDRESS	CITY LIVONIA	STATE MI		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) ELEVATOR JOURNEY PERSON		YOUR SUPERVISOR'S NAME AND TITLE		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) MAINTENANCE, REPAIR, SERVICE OF ELEVATORS ETC.				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) TRACTION (GEARED & GEARLESS) HYDRAULIC (DIRECT & ROPE D) ESCALATORS, MOVING WALKS, WHEELCHAIR LIFTS, DUMBWAITERS				
NAME OF PREVIOUS EMPLOYER CITY ELEVATOR CO.			DATES EMPLOYED (Month / Day / Year) FROM: TO:	
ADDRESS GROVE RIVER	CITY DETROIT	STATE MI		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) ELEVATOR JOURNEY PERSON		YOUR SUPERVISOR'S NAME AND TITLE JERRY VINTI		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) ELEVATOR MAINTENANCE, SERVICE & REPAIR				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) TRACTION (GEARED & GEARLESS) DIRECT 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.

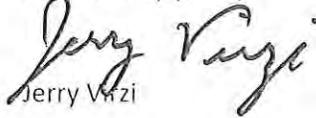
CERTIFICATION AND SIGNATURE

I certify all statements are true to the best of my knowledge.	
SIGNATURE OF APPLICANT 	DATE 4-24-2013

To whom it may concern,

Mr. Bruce Gaither has been employed in the elevator business since 1992. During that time period he has worked construction, service repair and maintenance. He is very qualified in the industry and I recommend him for any position. If you have any questions please don't hesitate to call.

Respectfully yours,


Jerry Vizi



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

April 26, 2012

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 Bruce C. Gaither as being January 24, 1992.

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,

David Kuras
Business Manager / Financial Secretary

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

OFFICE USE ONLY	
DIVISION ACTION <input checked="" type="checkbox"/> SUBMITTED TO BOARD	DATE 8-5-13
<input type="checkbox"/> REJECTED	INITIALS [Signature]
BOARD ACTION <input type="checkbox"/> APPROVED	DATE
<input type="checkbox"/> REJECTED	

EXAMINATION FEE: \$50.00 (nonrefundable)

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

- This application must be on file in the office of the Elevator Safety Division, Department of Licensing and Regulatory Affairs, Bureau of Construction Codes, P.O. Box 30255, Lansing, Michigan, 48909, on or before the twentieth day proceeding the date of the examination.
- Examinations will be held at location and on dates designated by the Elevator Safety Board in accordance with 1967 PA 227.
- General inspector applicants must have 3 years of experience in elevator construction. Special inspector applicants must have 3 years of experience in designing, installing, maintaining or inspecting elevators.
- Applicant shall record his/her formal education and names of his/her previous employers, date of employment and type of work performed.
- Provide a written reference from one or more previous employers certifying the applicant's character and experience.
- Examination applications not properly completed will be rejected.
- The examination fee must accompany this application. Make check or money order payable to the **State of Michigan**.
- Mail completed examination application and fee to above address.

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION? No Yes

Trans Info 193 19621326-1
 DATE: [Redacted] TIME: 8:50 AM
 BY: DENNIS KEELEY

APPLICANT INFORMATION

TYPE <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
NAME Dennis Keeley	
[Redacted]	[Redacted]
[Redacted]	[Redacted]
Do you currently hold an elevator contractor license? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C License No. _____	
Do you currently hold an elevator journeyman license? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Class <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C License No. 2200154	

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 1976 <input type="checkbox"/> No	IF YOU HAVE NOT COMPLETED HIGH SCHOOL, HAVE YOU TAKEN THE G.E.D. TEST TO EARN HIGH SCHOOL EQUIVALENCY? <input type="checkbox"/> Yes <input type="checkbox"/> No
HIGH SCHOOL Donned High School	
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING)	
SPECIAL TRAINING	

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

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

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

NAME OF PRESENT OR LAST EMPLOYER <i>B & D Elevator Services Inc.</i>			DATES EMPLOYED (Month / Day / Year)	
ADDRESS <i>1820 N Hickory</i>			CITY <i>Evansville</i>	STATE <i>MI</i>
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <i>Journey Person</i>			YOUR SUPERVISOR'S NAME AND TITLE <i>Paul VanFlatten OWNER</i>	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>unload truck</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>lev unit</i>				
NAME OF PREVIOUS EMPLOYER <i>Lardner Elevator Co</i>			DATES EMPLOYED (Month / Day / Year)	
ADDRESS <i>729 Melbrom St</i>			CITY <i>De troit</i>	STATE <i>M</i>
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <i>Mec-helper</i>			YOUR SUPERVISOR'S NAME AND TITLE <i>Bob Lardner owner</i>	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>mod</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>3-step Hydro</i>				
NAME OF PREVIOUS EMPLOYER <i>Kone</i>			DATES EMPLOYED (Month / Day / Year)	
ADDRESS <i>11864 Belden Ct</i>			CITY <i>Livonia</i>	STATE <i>MI</i>
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <i>Mechanic</i>			YOUR SUPERVISOR'S NAME AND TITLE <i>Scott Warley Operation Sup.</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, Hydro, Escalator, stage lift and dumbwaiter</i>				

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

CERTIFICATION AND SIGNATURE

I certify all statements are true to the best of my knowledge.	
SIGNATURE OF APPLICANT <i>D. Kelly</i>	DATE <i>02-21-13</i>

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>Metro Elevator Co.</i>			DATES EMPLOYED (Month / Day / Year)	
ADDRESS <i>3110 N. Ritter Ave.</i>			CITY <i>Indianapolis</i>	STATE <i>IN</i>
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <i>Mechanic</i>			YOUR SUPERVISOR'S NAME AND TITLE <i>Bruce Smith Foreman</i>	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>Remove Personnel Lifts from elevator shafts</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>Personnel Lifts</i>				
NAME OF PREVIOUS EMPLOYER <i>Otis Elevator Co.</i>			DATES EMPLOYED (Month / Day / Year)	
ADDRESS <i>25365 Interchange Ct</i>			CITY <i>Farmington Hills</i>	STATE <i>Mi</i>
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <i>Journey Person - Adjuster</i>			YOUR SUPERVISOR'S NAME AND TITLE <i>Rich Campbell mod. sup.</i>	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>Mod., Service, Maintenance and Adjuster</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>Geared - Hydro</i>				
NAME OF PREVIOUS EMPLOYER <i>Thyssen Krupp Elevator</i>			DATES EMPLOYED (Month / Day / Year)	
ADDRESS <i>284 Snow Dr.</i>			CITY <i>Itomewood</i>	STATE <i>Alabama</i>
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <i>Journey Person</i>			YOUR SUPERVISOR'S NAME AND TITLE <i>Sam Chapman construction SVP</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>gearless, Hydro, and Roped Hydro</i>				

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

CERTIFICATION AND SIGNATURE

I certify all statements are true to the best of my knowledge.	
SIGNATURE OF APPLICANT <i>[Signature]</i>	DATE <i>02-21-13</i>

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>Thyssen Krupp Elevator</i>			DATES EMPLOYED (Month / Day / Year)	
ADDRESS <i>13321 Cloverdale ST</i>			FROM: <i>01-15-90</i>	TO: <i>01-29-09</i>
CITY <i>OAK Park</i>		STATE <i>Mi</i>		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <i>Journeyperson, Foreman and Adjuster</i>		YOUR SUPERVISOR'S NAME AND TITLE <i>Rod Keans construction Supr</i>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>New elevator construction, maintenance, service, repair and adjuster</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>Geared, Gearless, Hydro, Roped Hydro, escalators, and Lev</i>				
NAME OF PREVIOUS EMPLOYER <i>Westinghouse Elevator Co</i>			DATES EMPLOYED (Month / Day / Year)	
ADDRESS			FROM: <i>6-15-89</i>	TO: <i>12-20-89</i>
CITY		STATE <i>Mi</i>		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <i>Journeyperson</i>		YOUR SUPERVISOR'S NAME AND TITLE <i>Jim Grant construction sup.</i>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>New construction</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>Hydro</i>				
NAME OF PREVIOUS EMPLOYER <i>Otis Elev Co</i>			DATES EMPLOYED (Month / Day / Year)	
ADDRESS			FROM: <i>3-20-83</i>	TO: <i>5-10-89</i>
CITY		STATE <i>Mi</i>		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <i>Apprentice Journeyperson</i>		YOUR SUPERVISOR'S NAME AND TITLE <i>BILL Laven maint. sup.</i>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>New construction maintenance service repair</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>Traction Hydro Escalators</i>				

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

CERTIFICATION AND SIGNATURE

I certify all statements are true to the best of my knowledge.	
SIGNATURE OF APPLICANT <i>Des Healy</i>	DATE <i>02-21-13</i>

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>Lederman Elevator</i>			DATES EMPLOYED (Month / Day / Year) FROM: TO: <i>4-10-82 3-19-83</i>	
ADDRESS	CITY <i>Flint</i>	STATE <i>Mi</i>		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <i>T.M.</i>		YOUR SUPERVISOR'S NAME AND TITLE <i>Frank Sutton Maintenance Supt.</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 Hydro Escalator</i>				
NAME OF PREVIOUS EMPLOYER <i>Otis Elevator</i>			DATES EMPLOYED (Month / Day / Year) FROM: TO: <i>2-13-78 4-8-82</i>	
ADDRESS	CITY <i>Flint</i>	STATE <i>Mi</i>		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <i>Apprentice</i>		YOUR SUPERVISOR'S NAME AND TITLE		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>New Construction Maintenance Service Repair</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>Traction Hydro Escalators</i>				
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.	
SIGNATURE OF APPLICANT <i>Don Meloy</i>	DATE <i>02-21-13</i>



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

May 22, 2013

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

ATTN: Cal Rogler, Chief Elevator Inspector

This is to attest to the start date of Dennis W. Keeley as an elevator constructor. He is applying to take the Certificate of Competency Test. Mr. Keeley was in the elevator trade continually from February 13, 1978 until his retirement on February 1, 2013. He had continuous experience in service, modernization, maintenance, as well as new elevator installation and construction.

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

Sincerely,

Teri VanHorn

Teri VanHorn
Office Manager



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

RICK SNYDER
GOVERNOR

STEVE ARWOOD
DIRECTOR

May 13, 2013

TO: Members of the Elevator Safety Board
FROM: C.W. Rogler, Chief, Elevator Safety Division *CR*
SUBJECT: Variance Request for Adaptive Environments, Inc.

APPLICANT REPRESENTATIVE:
Mark F. Bosley, Adaptive Environments, Inc.

APPLICANT:
Scott Martin
622 Bay Pointe Dr.
Oxford, MI 48371

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

VARIANCE REQUEST:
A Request has been made by Adaptive Environments, Inc. for a variance to allow the installation of a residential elevator with a 17.5 square foot platform allowing for additional capacity. Per ASME A17.1-2007 Section 5.3.1.10.1, the maximum inside net platform area shall not exceed 1.4m² (15 ft²).

APPLICABLE CODE SECTION:
ASME A17.1-2007 Section 5.3.1.10.1.

FINDINGS:
ASME A17.1-2007 Section 5.3.1.10.1.

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



May 1, 2013

Elevator Safety Board
Department of Licensing and Regulatory Affairs
State of Michigan

RE: Variance Request

Dear Members of the Board,

I am writing on behalf of our client, Scott Martin of Oxford, Michigan. Mr. Martin is requesting a variance to **ASME A17.1 rule 5.3.1.10.1 Capacity** which states in part, **"The maximum inside net platform area shall not exceed 15 sq. ft."** and further; **"For net platform areas greater than 12 sq. ft., the rated load shall be based upon 62.5 lb. / sq. ft."**

Mr. Martin has been injured in an automobile accident and is now a quadriplegic who utilizes a powered wheelchair for mobility. Mr. Martin needs a residential elevator to access the basement and second floor levels of his home. It has been determined that an elevator car size of up to 15 square feet, as code currently permits, will not accommodate Mr. Martin and his wheelchair. (See attached Occupational Therapy assessment)

It has been determined that an elevator car size of 60" x 42" (approximately 17.5 sq. ft.) would be suitable for Mr. Martin's needs. We propose to furnish a residential elevator manufactured by ECL by Wurtec, a Michigan company, based upon their LULA product, structure which is designed for a capacity of 1,400 lb. For our purposes the elevator would be rated at 1,125 lb., consistent with the 62.5.lb. / sq. ft. ratio stipulated in rule **5.3.1.10.1**. It should be noted that both the residential elevator and LULA products manufactured by ECL by Wurtec, have been approved by Michigan elevator authorities. Except for the larger than standard car size, this installation would be the same as any conventional residential elevator and compliant with all relevant code requirements.

We appreciate the Board's consideration of this request.

Yours truly,

A handwritten signature in black ink that reads 'Mark F. Bosley' followed by a vertical line and the number '131'.

Mark F. Bosley, President
Adaptive Environments, Inc.



43600 Utica Road • Sterling Heights, MI 48314

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

ALLIANCE THERAPY

Assessing Ability.....At Work.....At Home.....In the Community Phone/fax: 248-649-0057

Date: 3/4/13

Client: Scott Martin

Address: 622 Bay Point Oxford Michigan

Date of Service: 3/4/13

Auto Owners Insurance Claim #: 20-3700-08/39

ELEVATOR SPACE NEEDS CONSULTATION

Consultation was conducted with contractor T. Johnson/Accessible Homes regarding space needs for elevator use for client to provide access to multiple floors in the home.

As per the access assessment report of 1/12 (p.2):

Access to the upper level of the home for bedroom and bathroom and children's' rooms will require the following:

Evaluate options for access to the upper level of the home.

- Elevator system to be evaluated for potential location in living room with bridging to upper level hallway. Note: size of client and his wheelchair will not be accommodated with typical 15 sq. ft. of residential lift system. Contractors/vendor will need to ensure the ability to provide lift that will accommodate weight of client and chair (excess of 700 pounds) as well as footprint of chair and headrest/footrest space needs.

Per Mr. Johnson, elevator vendor assessment indicates that a commercial grade elevator (18 ft) will accommodate both combined weight of client (over 400#) and wheelchair (over 300#) as well as oversize wheelchair dimensions. The added space will also provide space for caregiver as well as option to semi-recline the chair which is reported as a frequent position for the client.

Note: It is important that the configuration of the **inside** dimensions of the lift system allow for access in/out of compartment as well as access to control panel once inside compartment. It is recommended that the configuration be outlined at potential location in the home (tape off **inside** dimensions of lift) to allow the client a mock trial of use of space with chair that will be used. This will assist in determining best configuration for ease of use.

If you have any questions, please feel free to contact me at:248-649-0057.

Diane Bright OTRL, MSc ID

SPECIFICATIONS

SERVICE	RESI	TRAVEL (in)	262
CODE ASME A17.1	Sec 5.3, 2010	PIT DEPTH (in)	12
MODEL	X5	OVERHEAD (in)	108
CAPACITY (lb)	4400	LANDINGS	3
SPEED (fpm)	40	CAR OPENING (in)	36
OPERATION	SPBA		
GROSS LOAD	2267	POWER SUPPLY	230v - 1ph - 60hz
RAIL SIZE	8#	MOTOR HP	3
SAFETY MODEL	ECLW 1-A	MOTOR RPM	1740
HOIST CABLE	3/8" 7x19	FLA	16.8
SHEAVE DIAMETER	8"	CONTROL VOLTAGE	24VDC
BUFFER	SPRING	CONTROL TYPE	N/A
OVERSPEED VALVE	YES	INTERLOCK MODEL	EMI
OVERSPD GOVERNOR	N/A	RETIRING CAM	N/A
CAB MATERIAL	Melamine	FIXTURE FINISH	SS #4
CAB FINISH	TBD	TELEPHONE	Wurtec res in COP
GATE TYPE	Accordion	POSITION INDICATOR	1
GATE MATERIAL	Std	LIGHT QUANTITY	2
GATE FINISH	TBD	LIGHT TYPE	STD
CEILING COLOR	White	FLOOR DESIGNATION	1 2 3
HANDRAIL FINISH	SS #4	KEY SWITCHES	0
BATTERY LOWERING	YES	CAR HERE	NO
GATE OPERATION	Manual	ARRIVAL LIGHT	NO
DOOR OPERATION	Manual	ARRIVAL GONG	NO
CARTOP INSPECTION	NO	LANTERN	NO
HOISTWAY ACCESS	NO	EMERGENCY LIGHT	NO
FIRE SERVICE PH1	NO	P.T.OOL	NO

JOB NAME	MARTIN RESIDENCE	DATE SUBMITTED	3/27/2013
JOB #		DATE REVISED	
CUSTOMER			
		APPROVED BY	DATE
ECL by Wurtec 18720 Krause St Riverview, MI 48193			

WORK BY OTHERS

HOISTWAY

- Code compliant hoistway of proper size, pit depth and overhead; plumb within 1" per 100'
- Hoistway guard & barricades during installation.
- Supports for rail fastenings where specified.
- Venting as required by code.
- All cutting of walls, floors, of partitions together with all repairs, grouting, patching, and painting made necessary by such cutting or changes.
- Lights, light switch, and convenience outlets in elevator pit where required
- Smoke and/or heat detection devices as required by code

MACHINE ROOM

- Code compliant machine of proper size clearances, properly heated & ventilated. Temperature not to exceed 35 °C(95°F), 95% humidity non-condensing.
- Code compliant entrance door and access route to machine room
- Heavy duty lockable fused main line switch with interlocking cover and auxiliary contact. Current characteristics as per motor data shown elsewhere on this page.
- Feeder conductors and ground connected to each controller.
- 120VAC 15amp fused disconnect for car lights & accessories.
- Telephone line to controller enclosure
- Lights, light switch, convenience outlets and fire extinguisher in elevator machine room.
- Smoke and/or heat detection devices as required by code.
- Shunt trip breaker or similar means to disconnect power to elevator automatically when required by code.

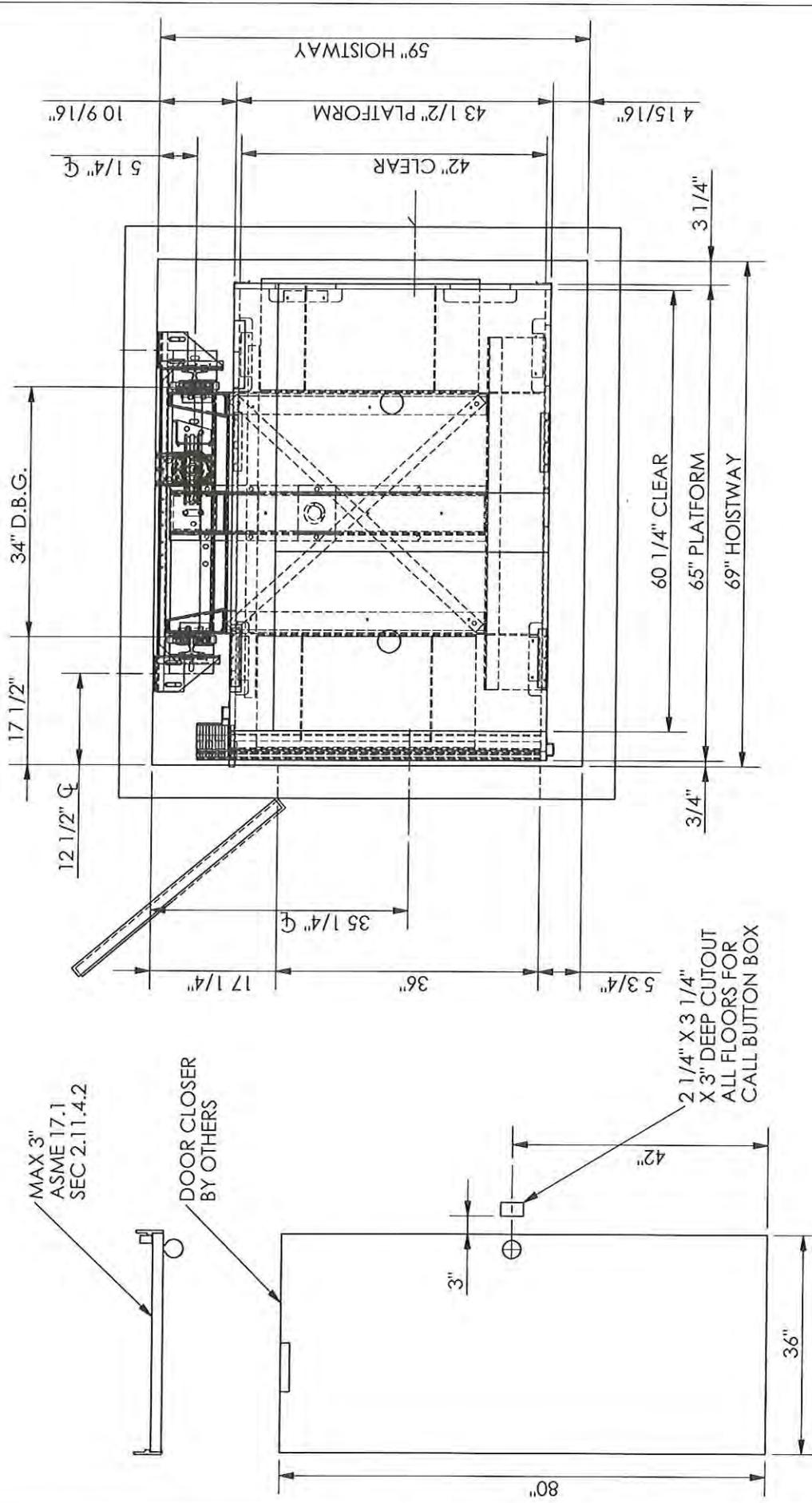
ENTRANCES

- Entrance assemblies must be installed so that the door to sill clearance does not exceed the maximum allowed by code and as shown on these drawings.
- Entrance assemblies when provided by others must comply with all applicable codes for fire rating and clearance requirements.
- Entrance assemblies provided by ECLW require rough openings as shown, with lintels or other structural means to support wall loads. Rough openings must be finished to the entrance frame after the entrance is properly aligned and securely fastened.

OTHER

- Finished cab floor coverings.
- Illumination at each entrance to comply with all applicable codes
- Signage other than that required by ASME A17.1
- All other equipment necessary & not otherwise called for in elevator contract.
- **Notify our office of any discrepancies or code conflicts immediately.**

Please verify everything on these drawings - title block information, work by others, applicable code and all dimensions. Your signature indicates confirmation, and we will build the elevator exactly per these drawings.



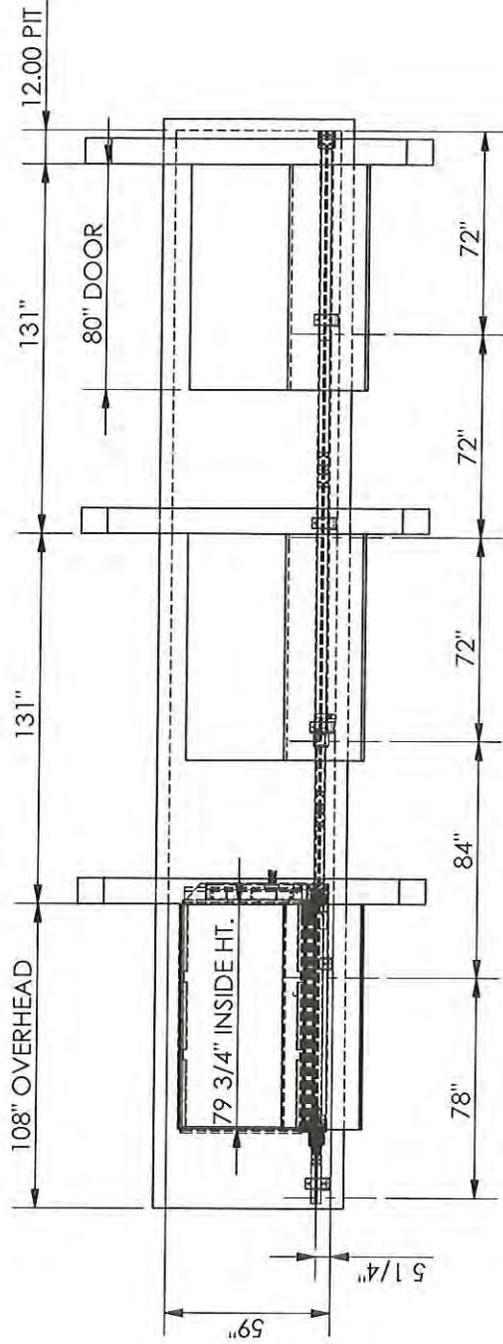
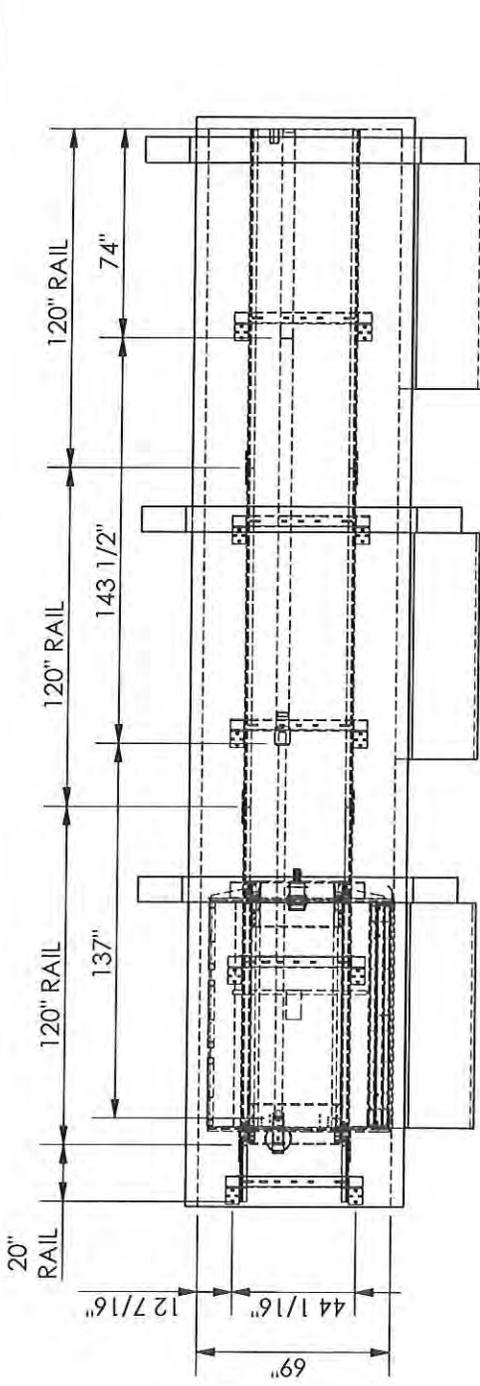
PROPRIETARY AND CONFIDENTIAL THE INFORMATION CONTAINED IN THIS DRAWING IS THE SOLE PROPERTY OF ECL. ANY REPRODUCTION IN PART OR AS A WHOLE WITHOUT THE WRITTEN PERMISSION OF ECL IS PROHIBITED.	DRAWN TJM	DATE 3/27/2013	UNLESS OTHERWISE SPECIFIED: DIMENSIONS ARE IN INCHES TOLERANCES: FRACTIONAL $\pm 1/16$ ANGULAR $\pm 1^\circ$ ONE PLACE DECIMAL $\pm .015$ TWO PLACE DECIMAL $\pm .010$ THREE PLACE DECIMAL $\pm .005$	APPROVED BY DATE	JOB NAME: Martin Residence JOB I.D. 3350	SHT 2 OF 4
	CHECKED -	NAME TJM		APPROVED BY DATE		
SCALE: 1:20 WEIGHT: # MATERIAL FINISH	SIZE A	3	2	1	4	5
REV	DESCRIPTION	APPROVAL	DATE	4	1	1

ECL by Wurtec
 18720 Kruse St.
 Riverview, MI 48150

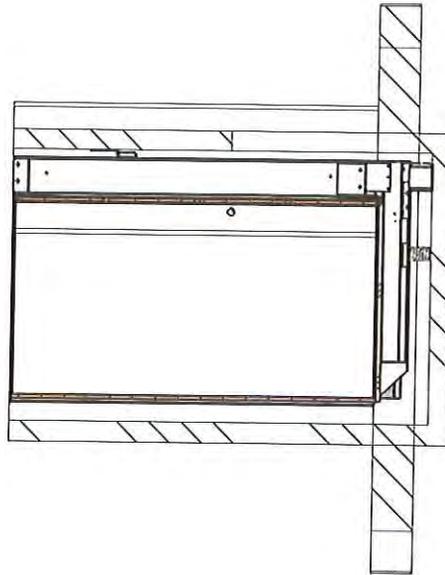
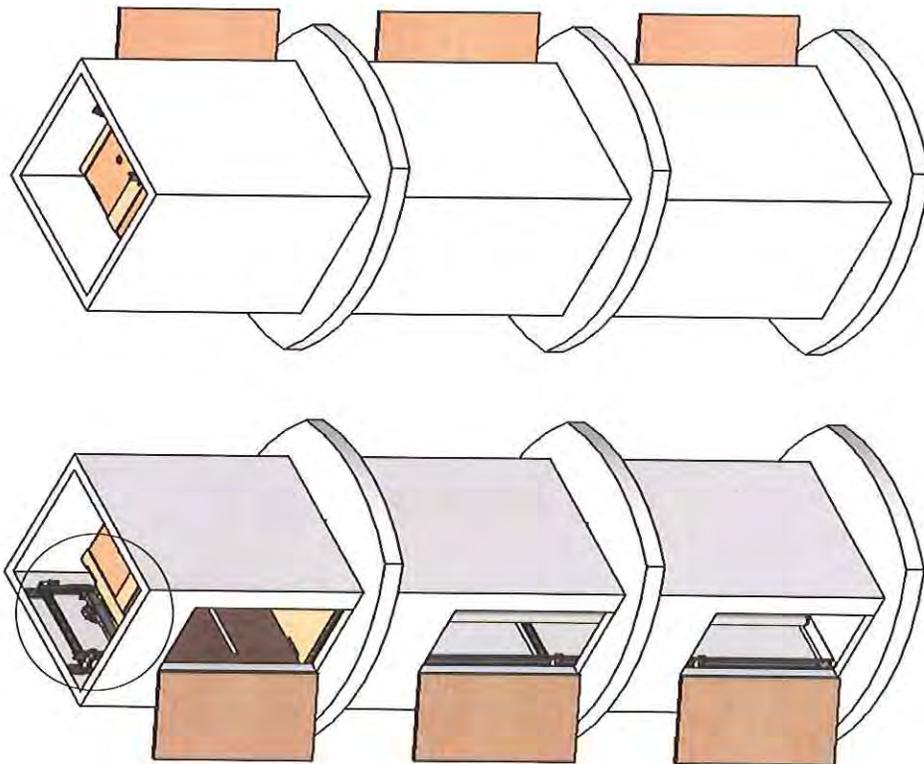
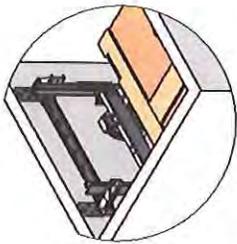
APPROVED BY
 DATE

JOB NAME: Martin Residence
 JOB I.D. 3350

SHT 2 OF 4



<p>PROPRIETARY AND CONFIDENTIAL THE INFORMATION CONTAINED IN THIS DRAWING IS THE SOLE PROPERTY OF ECL. ANY REPRODUCTION IN PART OR AS A WHOLE WITHOUT THE WRITTEN PERMISSION OF ECL IS PROHIBITED.</p>		<p>SCALE: 1:100 WEIGHT: # MATERIAL FINISH</p>	<p>SIZE A</p>	<p>3</p>	<p>4</p>	<p>5</p>
<p>APPROVAL</p>	<p>DATE</p>	<p>DESCRIPTION</p>	<p>APPROVAL</p>	<p>DATE</p>	<p>4</p>	<p>5</p>
<p>REV</p>	<p>DESCRIPTION</p>	<p>APPROVAL</p>	<p>DATE</p>	<p>4</p>	<p>4</p>	<p>5</p>
<p>APPROVED BY</p>	<p>DATE</p>	<p>JOB NAME: Marfin Residence</p>	<p>JOB I.D. 3350</p>	<p>SHT 3 OF 4</p>	<p>1</p>	<p>4</p>
<p>ECL by Wurtec 18720 Kruase St. Riverview, MI 48155</p>	<p>DATE 3/27/2013</p>	<p>NAME TJM</p>	<p>DATE 3/27/2013</p>	<p>UNLESS OTHERWISE SPECIFIED: DIMENSIONS ARE IN INCHES TOLERANCES: FRACTIONAL ±1/16 ANGULAR: ±1° ONE PLACE DECIMAL ±0.15 TWO PLACE DECIMAL ±0.10 THREE PLACE DECIMAL ±.005</p>	<p>2</p>	<p>1</p>



PROPRIETARY AND CONFIDENTIAL
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 PERMISSION OF ECL IS PROHIBITED.

SCALE: 1:192
 WEIGHT: #
 MATERIAL
 FINISH

SIZE **A**

DIMENSIONS ARE IN INCHES
 TOLERANCES:
 FRACTIONAL: ±1/16
 ANGULAR: ±1°
 ONE PLACE DECIMAL ±.015
 TWO PLACE DECIMAL ±.010
 THREE PLACE DECIMAL ±.005

DRAWN	NAME	DATE
TJM		3/27/2013
CHECKED	LNG	3/27/2013

ECL by Wurtec
 18720 Kruse St.
 Riverview, MI 48159



APPROVED BY
 JOB NAME: Martin Residence
 JOB I.D.: 3350

SHT	4	OF	4

REV	DESCRIPTION	APPROVAL	DATE

5 4 3 2 1

Application for Elevator Installation Permit
 Michigan Department of Licensing and Regulatory Affairs
 Bureau of Construction Codes / Elevator Safety Division
 P.O. Box 30255, Lansing, MI 48909
 517-241-9337

OFFICE USE ONLY	
STATE SERIAL NUMBER	
PERMIT NUMBER	
PERMIT APPROVED BY	DATE

FORMS AND BLUE PRINTS MUST BE SUBMITTED IN TRIPLICATE

Authority: 1957 PA 227 Completion: Mandatory Penalty: \$50.00	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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BILLING INFORMATION

ELEVATOR LOCATION (Building Name) MARTIN RESIDENCE		COUNTY OAKLAND	
LOCATION (Address)		CITY	ZIP CODE
BILLING INFORMATION (Owner or Designated Agent) SAME	BILLING ADDRESS SAME	CITY SAME	STATE [REDACTED]
TYPE OF DEVICE RES	CLASS OF LOADING CLASS 1125	MANUFACTURED BY ELEVATOR CONCEPTS	MANUFACTURER'S NUMBER
TYPE OF CONTROL AUTOMATIC	CAPACITY 1125 LBS	RATED SPEED 40 FPM	RISE OF CAR 21 FT 10 IN
		NUMBER OF LANDINGS 3	

CAR

HOW OPERATED FROM CAR <input type="checkbox"/> HAND ROPE <input type="checkbox"/> CAR SWITCH <input checked="" type="checkbox"/> AUTO <input type="checkbox"/> PUSH BUTTON	FROM LANDING SAME	DESTINATION - ORIENTED ELEVATOR SYSTEM <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SIZE OF PLATFORM (Inside) 60 x 42	NUMBER OF CAR ENTRANCES <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	SAFE EDGE <input type="checkbox"/> YES <input type="checkbox"/> NO
POWER OPERATED DOOR REOPENING DEVICE <input type="checkbox"/> PROXIMITY <input type="checkbox"/> INFRARED <input type="checkbox"/> OTHER	CAR DOORS OR GATES POWER OPERATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
HOISTWAY DOORS ARE <input type="checkbox"/> SEQUENCE <input type="checkbox"/> SIMULTANEOUSLY	EMERGENCY EXITS <input type="checkbox"/> CAR TOP HINGED <input type="checkbox"/> CAR TOP REMOVABLE <input type="checkbox"/> SIDE PANEL	
EMERGENCY EXIT ELECTRIC CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF CAR SAFETY DEVICE <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> OTHER	
POWER DOOR OPERATOR (Manufacturer's Name)	EMERGENCY CALL <input checked="" type="checkbox"/> BELL <input checked="" type="checkbox"/> TELEPHONE <input type="checkbox"/> OTHER	

CABLES	HOISTING	GOVERNOR	COMPENSATION	DIAMETER OF SHEAVES		
	NUMBER 2			DEFLECTOR	CAR	COUNTERWEIGHT
DIAMETER	3/8			SLACK CABLE DEVICE LOCATION <input checked="" type="checkbox"/> CAR <input type="checkbox"/> MACHINE <input type="checkbox"/> NONE <input type="checkbox"/> OTHER		
MATERIAL	STEEL			FASTENINGS <input type="checkbox"/> TAPERED SOCKETS <input type="checkbox"/> CLIPS <input type="checkbox"/> WEDGE CLAMP		
CONSTRUCTION	7 X 19					
ROPING <input checked="" type="checkbox"/> SINGLE WRAPPED 1 TO 1 <input type="checkbox"/> DOUBLE WRAPPED 1 TO 1 <input type="checkbox"/> SINGLE WRAPPED 2 TO 1 <input type="checkbox"/> DOUBLE WRAPPED 2 TO 1						

MACHINE / CONTROL ROOM

LOCATION <input type="checkbox"/> OVERHEAD <input type="checkbox"/> BASEMENT <input checked="" type="checkbox"/> FIRST FLOOR <input type="checkbox"/> OTHER		SELF-CLOSING SELF-LOCKING DOOR PROVIDED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
MACHINE ROOM FULLY ENCLOSED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	MACHINE TYPE 1. <input type="checkbox"/> CABLE 3. <input checked="" type="checkbox"/> ROPED HYDRAULIC 5. <input type="checkbox"/> OTHER 2. <input type="checkbox"/> DIRECT PLUNGER HYDRAULIC 4. <input type="checkbox"/> HAND POWER		POWER 1. <input checked="" type="checkbox"/> ELECTRIC 2. <input type="checkbox"/> HAND POWER
TYPE OF DRIVE HYDRO	TYPE OF BRAKE	TYPE OF BRAKE (Released)	DIAMETER OF SHEAVES / SPROCKETS / PULLEYS DRUM _____ INCHES TRACTION _____ INCHES
TYPE OF GOVERNOR AND LOCATION NA		GOVERNOR TRIPPING SPEED NA FPM	GOVERNOR OVERSPEED SWITCH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
H.P. 3	ELECTRIC MOTOR VOLTAGE 230 <input checked="" type="checkbox"/> A.C. <input type="checkbox"/> D.C.	OPERATING DEVICE VOLTAGE 24 <input type="checkbox"/> A.C. <input checked="" type="checkbox"/> D.C.	DIAMETER OF PLUNGER _____ INCHES
FULLY EXPOSED CYLINDER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CYLINDER PROTECTION TYPE	SHUTOFF VALVE LOCATION <input type="checkbox"/> PIT <input type="checkbox"/> MACHINE ROOM <input type="checkbox"/> OTHER	OVERSPEED VALVE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

CONTRACTOR SIGNATURE

CONTRACTOR'S COMPANY NAME AND BRANCH OFFICE (City) ADAPTIVE ENVIRONMENTS, INC.	CONTRACTOR LICENSE NUMBER 2100075	PERMIT FEE \$ 335.00
CONTRACTOR'S SIGNATURE <i>Sharon Koyassa</i>		DATE 5-2-13



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

RICK SNYDER
GOVERNOR

STEVE ARWOOD
DIRECTOR

May 13, 2013

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

APPLICANT REPRESENTATIVE:
Breck Peterson, Elevator Solutions, Inc.

APPLICANT:
Taylor Office Building
8750 Telegraph Rd.
Taylor, Michigan

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

VARIANCE REQUEST:
A Request has been made by Elevator Solutions, Inc. for a variance to allow ONLY fire service phase I to be added to Serial #15797. Per ASME A17.1-2007 Section 8.7.3.31.8 where an alteration is made to firefighters' emergency operation, the installation shall conform to 2.27.3 thru 2.27.8.

APPLICABLE CODE SECTION:
ASME A17.1-2007 Section 8.7.3.31.8.

FINDINGS:
ASME A17.1-2007 Section 8.7.3.31.8.

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 • Telephone (517) 241-9302 • Fax (517) 241-9570



ELEVATOR SOLUTIONS, INC.

MAINTENANCE REPAIR BARRIER FREE
Class A Elevator Contractors license #080

05/10/13

Elevator Safety Division
P.O. Box 30254
Lansing, Mi 48909

Re: Safety board meeting

Attn: Cal Rogler

Cal,
Please consider our request to be heard during the safety board meeting of June, 7 2013 regarding elevator #15797, located at the Taylor Office Building, 8750 Telegraph Rd. in Taylor Michigan.

There are two existing elevators in this building, one of which had fire service phase I and II installed while the other was out of service due to a defective jack assembly. The jack assembly is currently being repaired and the owner has been informed that the elevator cannot be returned to service until fire service is added to the second car.

The owner is humbly asking the safety board to consider allowing only fire service phase I to be added to the second car in order to capture the elevator and return it to the main egress floor due to the hardship imposed by the cost of adding phase II. The first car with phase I and II would remain operational in fire service as is with no changes.

Thank you,

Breck Peterson
517-202-3272

Application for Permit to Alter Elevator, Dumbwaiter or Escalator

177

Michigan Department of 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	15797
PERMIT NUMBER	73679
PERMIT APPROVED BY	DATE
JAB	7-31-12

A 30580

L 13824

(60)

FORMS AND BLUE PRINTS MUST BE SUBMITTED IN TRIPLICATE

Authority: 1967 PA 227 Completion: Mandatory Penalty: \$50.00	DLEG 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)		COUNTY	
TAYLOR OFFICE BLDG LLC.		WAYNE	
LOCATION (Address)	CITY	ZIP CODE	
8750 TELEGRAPH RD.	TAYLOR	48180	
BILLING INFORMATION (Owner or Designated Agent)			
TAYLOR OFFICE BLDG LLC			
BILLING ADDRESS	CITY	STATE	ZIP CODE
P.O. Box 237	BELLEVILLE	MI	48112
MANUFACTURED BY		MANUFACTURER'S NUMBER	
ESCO		?	
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 type="checkbox"/> TRACTION <input checked="" type="checkbox"/> HYDRAULIC <input type="checkbox"/> DRUM <input type="checkbox"/> OTHER <input type="checkbox"/> SPROCKET	220 <input checked="" type="checkbox"/> A.C. <input type="checkbox"/> D.C.
CAPACITY	FLOORS TRAVELED	RISE IN FEET	SPEED
2000 LBS	5	44 FT 0 IN	140 FPM
		NO. CAR ENTRANCES	NO. OF HOISTWAY ENTRANCES
		1	5
LIST EACH SPECIFIC ALTERATION AS LISTED IN ASME A17.1 SECTION 8.7			
REPLACE EXISTING HYDRAULIC JACK ASSEMBLY			

CONTRACTOR'S SIGNATURE

CONTRACTOR'S COMPANY NAME AND BRANCH OFFICE (City)	CONTRACTOR LICENSE NUMBER	PERMIT FEE
<i>[Signature]</i> (44)	080	\$ 150.00
CONTRACTOR'S SIGNATURE	DATE	

OFFICE USE ONLY

INSPECTOR'S COMMENTS		
A 3-6-03 - This unit is sealed out of service at owners request		
34, 9-18-01 - You must contact the inspector before removing his seal - Dick Melatz		
INSPECTOR'S SIGNATURE	INSPECTOR NUMBER	DATE



RICK SNYDER
GOVERNOR

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

STEVE ARWOOD
DIRECTOR

May 13, 2013

TO: Members of the Elevator Safety Board

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

SUBJECT: Variance Request for McNally Elevator Co.

APPLICANT REPRESENTATIVE:

Joe McNally, McNally Elevator Co.

APPLICANT:

VDV Guest House
Grand Rapids, Michigan

AUTHORITY:

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

VARIANCE REQUEST:

A Request has been made by McNally Elevator Co. for a variance to allow the installation of a residential elevator with an 18 square foot platform allowing for additional capacity. Per ASME A17.1-2007 Section 5.3.1.10.1, the maximum inside net platform area shall not exceed 1.4m² (15 ft²).

APPLICABLE CODE SECTION:

ASME A17.1-2007 Section 5.3.1.10.1.

FINDINGS:

ASME A17.1-2007 Section 5.3.1.10.1.

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

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ELEVATOR COMPANY

6812 OLD 28TH, S.E. SUITE G, GRAND RAPIDS, MICHIGAN 49546 (616) 245-9630 FX (616) 975-0848 TF 1-800-MCNALLY

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May 6, 2013

Mr. Calvin Rogler
LARA
Bureau of Construction Codes / Elevator Safety Division
2501 Woods Lake Circle
Okemos, Michigan 48909

Re: Variance Request – VDV Guest House
ASME A17.1-2007
5.3.1.10.1 Capacity

Dear Mr. Rogler,

As the owner’s representative, we are asking for a waiver request to the ASME A17.1-2007 Safety Code for Elevators and Escalators at the VDV Guest House in Grand Rapids, Michigan. The owner desires to build a two story guest house on his property which would have a residential elevator with an 18 square foot platform. The owner requested the larger platform to accommodate any of his guests that would require an increased elevator cab to accommodate a power wheelchair or should their guest need an attendant to assist them. The travel of the elevator would be two stops in-line traveling approximately 10’-0”.

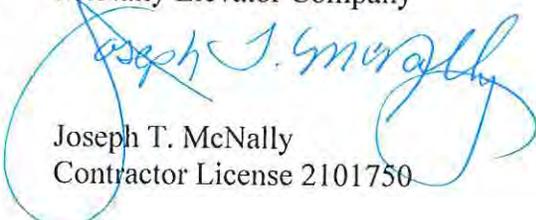
Should the waiver be allowed, the elevator would be designed in accordance ASME A17.1-2007 5.3.1.10.1 (b) “For net platform areas greater than 1.1m2 (12ft2), the rated load shall be based upon 305 kg/m2 (62.5 lb/ft2)”. This elevator would meet all other requirements of the residential elevator code.

Our company has requested and been granted approval on previous applications to increase a residential platform to 18 square feet and therefore respectfully request the Elevator Safety Board grant this waiver.

Thank you for your attention in this matter.

Sincerely,

McNally Elevator Company


Joseph T. McNally
Contractor License 2101750