



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

August 23, 2013
9:30 a.m.

1. Call to Order and Determination of Quorum
2. Approval of Agenda (Pages 1-2)
3. Approval of Minutes – June 8, 2013 (Pages 3-8)
4. Review of Elevator Journeyman Examination Applications:
 - a. Damir Dalic, Class A (Pages 9-14)
 - b. Brian Hadden, Class A (Pages 15-18)
 - c. Luke Klida, Class A (Pages 19 -22)
 - d. Michael A. Kuderik, Class A (Pages 23-26)
 - e. Michael McClanahan, Class A (Pages 27-31)
 - f. Ryan L. Schuring, Class A (Pages 32-37)
5. Review of Elevator Contractor Examination Applications:
 - a. Jason Gwin, Class A (Pages 38-42)
 - b. Jeffrey L. Jameson, Class A, Re-Exam (Pages 43-47)
 - c. Ralph Moeller, Class A, (Pages 48-52)
6. Review of Elevator Certificate of Competency Examination Applications:
 - a. Bradley M. Corbeille, General Inspector (Pages 53-57)
 - b. Dennis Keeley, General Inspector, Re-Exam (Pages 58-64)
 - c. Antwane Maddox, General Inspector (Pages 65-69)
 - d. Glenn Moldovan, General Inspector (Pages 70-73)

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7. Waiver Requests

- a. Detroit Elevator Co., University of Michigan, Modern Languages Building, Ann Arbor, Michigan. (Pages 74-87).

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

- a. Otis Elevator Company – Otis IVR (Otisline) system.

12. Public Comment

13. 2014 Elevator Safety Board Schedule – January 24th, March 28th, June 6th, August 22nd, November 7th.

14. Next Meeting Date – November 1, 2013

15. Adjournment

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

MINUTES
June 7, 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. David Taylor
Mr. Irvin J. Poke

MEMBERS ABSENT

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

DEPARTMENT PERSONNEL ATTENDING

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

OTHERS IN ATTENDANCE

Mr. Joseph McNally – McNally Elevator Co.
Mr. Mark Bosley – Adaptive Environments, Inc.
Mr. Breck Peterson – Elevator Solutions, Inc.
Mr. Kuza – Owner of Taylor Office Building

1. CALL TO ORDER AND DETERMINATION OF QUORUM

Chairperson Flint called the meeting to order at approximately 10:00 a.m. A quorum was determined present at that time.

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2. APPROVAL OF AGENDA

A **MOTION** was made by Board member David Kuras and seconded by Board member 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 Mark A. Smith to approve the minutes of the March 22, 2013 meeting. **MOTION CARRIED**

4. REVIEW OF ELEVATOR JOURNEYPerson APPLICATIONS

a. Michael McClanahan, Class A

Following a review of experience and discussion by the board, a **MOTION** was made by Board member David Kuras and seconded by Board member Irvin J. Poke to approve Michael McClanahan to take the Class A JourneyPerson examination. **MOTION CARRIED.**

5. REVIEW OF ELEVATOR CONTRACTOR APPLICATIONS

a. Bradley M. Corbeille, 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 Donald J. Purdie, Jr. to approve Bradley M. Corbeille to take the Class A Contractor examination. **MOTION CARRIED.**

b. James Howard, Class C

A **MOTION** was made by board member Irvin J. Poke and seconded by board member Mark A. Smith to allow Mr. James Howard to sit for the Class C Contractor Examination. **MOTION DENIED** Due to lack of support.

Specifically the board noted the following:

Applicant has shown that he has the required experience to sit for the contractor exam however, the board stated that it is expected that the individual be aware of the laws and rules of the State of Michigan and be very clear of the responsibilities that coincide with the contractor license. The board is also reluctant due to Mr. Howard's relationship with Allied Stairlift. There are questions regarding whether or not the relationship is proper. The board requested documentation from Mr. Howard and from 2nd Step (Bruce Lardner) regarding whether he has complied with the laws of the State of Michigan regarding permit application and installation processes.

c. Michael Kinsella, Class C

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

d. Antwane Maddox, Class A – (Passed)

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

e. Brian Matson, Class A

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

6. REVIEW OF ELEVATOR CERTIFICATE OF COMPETENCY APPLICATIONS

a. Bruce Gaither, General Inspector – (Passed)

Following a review of experience and discussion by the board, a **MOTION** was made by Board member Donald J. Purdie, Jr. and seconded by Board member Mark A. Smith to approve Bruce Gaither to take the Certificate of Competency examination. **MOTION CARRIED**

b. Dennis Keeley – General Inspector

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

A **MOTION** was made by Board member David Kuras and seconded by Board member Irvin J. Poke 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. Jeremia Filippis – Class C Journeyperson, Re-Exam – (Passed)

7. WAIVER REQUESTS

- a. Adaptive Environments, the Martin Residence, 622 Bay Pointe Dr., Oxford, Michigan

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).

A **MOTION** was made by board member Irvin Poke and seconded by board member Mark A. Smith to approve the variance request of section 5.3.1.10.1 and allow the installation of a residential elevator with a 17.5 square foot platform allowing for additional capacity. **MOTION CARRIED.**

- b. Elevator Solutions, Inc., Taylor Office Building, 8750 Telegraph Rd., Taylor, Michigan.

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.

A **MOTION** was made by board member David Kuras and seconded by board member Mark A. Smith to **deny** the variance request.

- c. McNally Elevator Co., the VDV Guest House, Grand Rapids, Michigan.

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).

A **MOTION** was made by board member David Kuras and seconded by board member Irvin J. Poke to approve the variance request of section 5.3.1.10.1 and allow the installation of a residential elevator with an 18 square foot platform allowing for additional capacity. **MOTION CARRIED.**

8. UNFINISHED BUSINESS

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

Chief Rogler spoke with Joe Steiger of Otis Elevator Co. prior to the board meeting regarding the pending variance request for serial #2198. This variance request was initiated at the March 23, 2012 board meeting. The board has directed Chief Rogler to draft a written communication to Otis Elevator Co. stating that a solution must be

presented along with testing documentation for the device by the next board meeting. If no solution is presented the device will be red tagged.

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. The board has directed Chief Rogler to draft a written communication to Kone Inc. stating that a solution must be presented by the next board meeting. If no solution is presented at that time the board will move forward with an appropriate action.

c. LIFT-U, 181 Copperfield Dr., Dayton, OH 45415

The final inspection took place on May 16, 2013 at Comstock Park High School, Comstock Park, Michigan. Chief Rogler and board member William Kogelschatz attended the final inspection. The board recommends that because this device is not currently covered under ASME-A18.1-2008 that a full installation permits for this device come before the board for approval.

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. Keith also indicated that reciprocity is being considered with surrounding states, this is not limited to the Elevator Safety Division.

10. DIVISION REPORT

- a. Chief's report - C. Rogler
- b. Accident report review

An accident that occurred with serial#017512 was reviewed and discussed.

11. NEW BUSINESS

Chief Rogler attended the Plumbing Board Meeting on June 4, 2013 where an alarm device was presented and approved for use with drain or sump pumps located in elevator pits. The next step in the approval process is the Code Commission meeting which meets July 10, 2013. Chief Rogler will update the board of the resulting decision.

12. PUBLIC COMMENT

Mr. Mark Bosley made comments regarding the occasional need for platforms which exceed the current code allowances. Per ASME A17.1-2007 Section 5.3.1.10.1, the

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>6-20-13</u>
	INITIALS <u>JAD</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>DAMIR DELIC</u>	DATE OF BIRTH [REDACTED]	SOCIAL SECURITY NUMBER [REDACTED]
ADDRESS [REDACTED]	TELEPHONE NUMBER (include Area Code) [REDACTED]	
CITY [REDACTED]	STATE <u>MI</u>	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>1998</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>GUTENBERG SCHULE, SCHWERIN, GERMANY</u>			
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE Name <u>NONE</u> Location _____ Date _____		BACHELORS DEGREE? <input type="checkbox"/> Yes, Date _____ <input type="checkbox"/> No Major _____ Minor _____	
		CREDITS EARNED	
		UNDERGRADUATE	GRADUATE
		Term _____ Semester _____	Term _____ Semester _____
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE Name _____ Location _____ Date _____		GRADUATE DEGREE Date _____	MAJOR PROFESSIONAL CERTIFICATION OR LICENSE
BUSINESS, CORRESPONDENCE OR TRADE SCHOOLS Name _____ Location _____		COURSE TITLE	DATE ATTENDED (Mo-Yr) to (Mo-Yr) TYPE OF CERTIFICATE OR LICENSE AWARDED

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

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

NAME <i>Frank J. Evans</i>			NAME <i>Sean Dock</i>		
ADDRESS [REDACTED]			ADDRESS [REDACTED]		
CITY [REDACTED]	STATE <i>MI</i>	ZIP CODE [REDACTED]	CITY [REDACTED]	STATE <i>MICH.</i>	ZIP CODE [REDACTED]
NAME <i>Sean m Dock</i>			NAME <i>Michael McNally</i>		
ADDRESS [REDACTED]			ADDRESS [REDACTED]		
CITY [REDACTED]	STATE <i>Mi</i>	ZIP CODE [REDACTED]	CITY [REDACTED]	STATE <i>MI</i>	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 <i>McNALLY ELEVATOR Co</i>			DATES EMPLOYED (Month / Day / Year)		
ADDRESS <i>223 W. RANSOM ST</i>			CITY <i>KALAMAZOO</i>		STATE <i>MI</i>
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <i>JOURNEYPerson, APPRENTICE</i>			YOUR SUPERVISOR'S NAME AND TITLE <i>JOE McNALLY</i>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>NEW ELEVATOR CONSTRUCTOR, MAINTENANCE, SERVICE, REPAIR, ADJUSTER</i>					
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>TRACTION (GEARED & GEARLESS) HYDROS (ROPED & DIRECT), PASSENGER LIFTS, BFLD, FREIGHTS, LULA, VPL'S, DW, RES ELEVATOR, IPL'S, BELTMAN LIFTS, PERSONNEL H.</i>					
NAME OF PREVIOUS EMPLOYER <i>WRIGHT E. FILIPPIS</i>			DATES EMPLOYED (Month / Day / Year)		
ADDRESS <i>2845 CROOKS RD.</i>			CITY <i>ROCHESTER HILLS</i>		STATE <i>MI</i>
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <i>JOURNEYPerson, ADJUSTER</i>			YOUR SUPERVISOR'S NAME AND TITLE <i>TONY FILIPPIS</i>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>NEW ELEVATOR CONSTRUCTOR, MAINTENANCE, REPAIR, SERVICE, ADJUSTER</i>					
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>TRACTION (GEARED), HYDROS (ROPED - DIRECT), DRUM UNITS, RES ELEV. LULAS, BFLD'S, DW, VPL'S, STAIRLIFTS, IPL'S</i>					

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

CERTIFICATION AND SIGNATURE

I certify all statements are true to the best of my knowledge and that all work shall be done according to the State of Michigan elevator law, rules and regulations adopted by the Elevator Safety Board.	
SIGNATURE OF APPLICANT <i>[Signature]</i>	DATE <i>06.14.2013</i>

- ADDITIONAL EMPLOYMENT HISTORY. DAMIR DELIC

- THYSSEN KRUPP ELEVATOR
 - 35432 INDUSTRIAL DR
 - LIVONIA, MI, 48150
 - FROM: 11/2005 - 03/2006
 - SUPERVISOR: BRIAN BAILY
 - JOB TITLE: APPRENTICE
 - TYPE OF EQUIPMENT:
TRACTION (GEARED)
-

- WRIGHT - E. FILIPPIS
 - 2845 CROOKS RD.
 - ROCHESTER HILLS, MI, 48309
 - FROM: 01/2001 - 10/2005
 - SUPERVISOR: TONY FILIPPIS SR.
 - JOB TITLE: APPRENTICE, JOURNEY PERSON
 - JOB DUTIES: NEW ELEVATOR CONSTRUCTOR, MAINTENANCE, SERVICE, REPAIR
 - TYPE OF EQUIPMENT: HYDROS (ROPE - DIRECT), DRUM UNITS, STAIR LIFTS, VPL'S, RES. ELEV, BFLD'S, LULA, DW, IPL'S
-



ELEVATOR COMPANY

223 WEST RANSOM ST, KALAMAZOO, MICHIGAN 49546 (269) 381-1860 FX (269) 381-1719 TF 1-800-MCNALLY

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June 14, 2013

Mr. Cal Rogler, Chief
Michigan Dept. of Licensing and Regulatory Affairs
Bureau of Construction Codes / Elevator Safety Division
2501 Woodlake Circle
Okemos, Michigan 48864

Dear Mr. Rogler,

I hereby submit this letter of recommendation for Mr. Damir Delic regarding his qualifications to test for a Class "A" elevator journeypersons license for the State of Michigan.

During Damirs' over 3 years of continuous employment with our company he has worked with Class "A" journeypersons in the various fields of construction, maintenance, repairs, and service. At the time Mr. Delic came to work at McNally Elevator he was licensed as a Class "C" journeyperson.

Mr. Delic has worked diligently to understand the various types of elevating equipment and safety requirements needed in our industry. He has participated in our safety training and elevator code related classes and has attended and successfully completed the 10-hour Occupational Safety and Health Training Course in Construction Safety and Health.

Our company feels Mr. Delic is competent, knowledgeable and meets the requirements needed to test for a Class "A" journeyperson license.

Respectfully submitted,

McNally Elevator Company

Michael J. McNally
Vice-President

June 10, 2013

Elevator Safety Division
Michigan Dept. of Licensing & Regulatory Affairs
Bureau of Construction Codes/Elevator Safety Division
P. O. Box 30254
Lansing, Michigan 48909

Gentlemen,

This letter is for Damir Delic and my recommendation that he be allowed to take his Class "A" elevator journeyman test. I am a Class "A" journeyman and have worked with Damien for over 3 years.

Together we have either installed, maintained, repaired, serviced or made adjustments to electric elevators, hydraulic elevators, roped-hydraulic elevators, LU/LA's, VPL's, Inclined Elevators, Dumbwaiters, Private Residence Elevators, Inclined Stairlifts, and Special Elevating Devices to name a few.

Damien has an understanding of elevator codes and I feel he is qualified to take the journeymen's test and has the potential to be successful in the elevator industry.

Sincerely,

Sean Dock
Class A Journeyman
License #2200392

A handwritten signature in cursive script, appearing to read "Sean Dock", written in black ink.

RICK SNYDER
GOVERNOR

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF CONSTRUCTION CODES

CLASS C ELEVATOR JOURNEYPERSON LICENSE

INSTALL, REPAIR & MAINTAIN DEVICE TYPE: DW IPL LULA RES SC
VPL

DELIC. DAMIR



LICENSE NO.
2200908

EXPIRATION DATE
04/12/2014

THIS DOCUMENT IS DULY
ISSUED UNDER THE LAWS OF
THE STATE OF MICHIGAN

BCC-910 (5/11)

CLASS "C" ELEVATOR LICENSE SINCE 2004

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 7/31/13
	INITIALS LAD

EXAMINATION FEE: \$100.00 (nonrefundable)

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

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

OPEN INFO: 180 78730669-1 07/31/13
 Chks: [REDACTED] Amt: \$100.00
 ID: BRIAN HADDEN

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION? No Yes

APPLICANT INFORMATION

CLASS <input checked="" type="checkbox"/> A <input type="checkbox"/> C - Device Type		
NAME BRIMM HADDEN	DATE OF BIRTH [REDACTED]	SOCIAL SECURITY NUMBER [REDACTED]
ADDRESS [REDACTED]	TELEPHONE NUMBER (Home, Cell, Fax) [REDACTED]	
CITY [REDACTED]	STATE MI	ZIP CODE [REDACTED]

EDUCATION AND TRAINING

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

DID YOU GRADUATE?
 Yes, Year 1995 No

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

NAME AND ADDRESS OF HIGH SCHOOL
 CIMMARRON - MEMORIAL High School
 Las Vegas NV. 2301 N. TENAYA WAY.

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

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

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

NAME Jeremy Akers			NAME Jimmy Woods		
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
				MI	
NAME Steve Mastani			NAME Matt Hill		
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
	MI			MI	

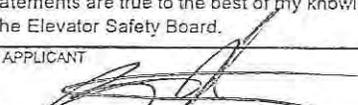
EMPLOYMENT HISTORY - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

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 THYSSON KRUPP ELEVATOR			DATES EMPLOYED (Month / Day / Year)		
ADDRESS 35432 INDUSTRIAL RD.			CITY LIVONIA	STATE MI	FROM: 7-11 TO: CURRENT
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) APPRENTICE			YOUR SUPERVISOR'S NAME AND TITLE Jeremy AKERS CONSTRUCTION Super.		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) NEW CONSTRUCTION, MOD, SOME SERVICE.					
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) NEW TRACTION gearless, hydraulic, conventional ESCALATORS, SERVICE + MOD INSTALL & MOD TWIN Post					
NAME OF PREVIOUS EMPLOYER OTIS ELEVATOR			DATES EMPLOYED (Month / Day / Year)		
ADDRESS 711 Pilot Co.			CITY LAS VEGAS	STATE NV.	FROM: 5-07 TO: 12-10
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) APPRENTICE			YOUR SUPERVISOR'S NAME AND TITLE JEFF REMER FOREMAN		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) NEW CONSTRUCTION					
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) NEW INSTAL TRACTION gearless, Hydro conventional, TWIN Post, Roped					

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

CERTIFICATION AND SIGNATURE

I certify all statements are true to the best of my knowledge and that all work shall be done according to the State of Michigan elevator law, rules and regulations adopted by the Elevator Safety Board.	
SIGNATURE OF APPLICANT 	DATE 7-5-13



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

Phone 961-0717

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

April 8, 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 Brian D. Hadden as being May of 2007.

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

ThyssenKrupp Elevator



ThyssenKrupp

December 11, 2012

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

Re: Brian Hadden

To Whom It May Concern:

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

He started working in the Elevator Industry on May 25, 2007.

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

Sincerely,

A handwritten signature in cursive script that reads "Brenda Mullett".

Brenda Mullett
Office Manager

Cc: Employee File

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

OFFICE USE ONLY

<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED	DATE <u>8-1-13</u>
	INITIALS <u>AKB</u>

EXAMINATION FEE: \$100.00 (nonrefundable)

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

IMPORTANT - READ CAREFULLY

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

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION? No Yes

Trans Info 190 18815618-1 07/28/13
 CNR#: [REDACTED] Amt: \$100.00
 TO: LUKE KLIDA

APPLICANT INFORMATION

CLASS <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C - Device Type		
NAME <u>Luke Klida</u>	DATE OF BIRTH [REDACTED]	SOCIAL SECURITY NUMBER [REDACTED]
ADDRESS [REDACTED]	TELEPHONE NUMBER (include Area Code) [REDACTED]	
[REDACTED]	STATE <u>MI</u>	[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>1998</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>Athens High School, 4333 John R Troy MI 48085</u> <u>248-823-2900</u>			
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE		BACHELORS DEGREE?	
Name _____	Location _____	Date _____	Date _____
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE		GRADUATE DEGREE	
Name _____	Location _____	Date _____	Date _____
BUSINESS, CORRESPONDENCE OR TRADE SCHOOLS		COURSE TITLE	
Name _____	Location _____	DATE ATTENDED (Mo-Yr) to (Mo-Yr)	TYPE OF CERTIFICATE OR LICENSE AWARDED

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



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

NAME David McBride			NAME Eric Pierson		
ADDRESS [REDACTED]			ADDRESS [REDACTED]		
CITY [REDACTED]	STATE MI	ZIP CODE [REDACTED]	CITY [REDACTED]	STATE MI	ZIP CODE [REDACTED]
NAME Russell O'Donnell			NAME Tim Goss		
ADDRESS [REDACTED]			ADDRESS [REDACTED]		
CITY [REDACTED]	STATE MI	ZIP CODE [REDACTED]	CITY [REDACTED]	STATE MI	ZIP CODE [REDACTED]

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

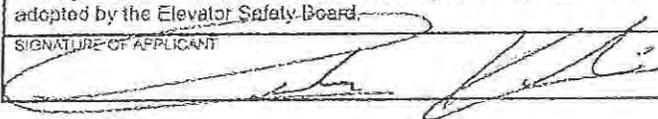
State definitively your qualifying installation and servicing experience on equipment, similar to that for which license is required. Give names and addresses of firms with whom employed, duties, length of service and dates of employment. Present available documentary evidence to substantiate experience.

NAME OF PRESENT OR LAST EMPLOYER Schindler Elevator Corp.			DATES EMPLOYED (Month / Day / Year)		
ADDRESS 24451 Schoolcraft rd Livonia			FROM: July 07 - Current Date TO: Date		
CITY Livonia		STATE MI			
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) Apprentice			YOUR SUPERVISOR'S NAME AND TITLE Eric Pierson - District Service Mgr.		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) New Construction, Moderation, Service					
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Stairwalk, Escalators, etc.) Traction (geared & gearless) Hydraulic (Direct) & Escalators					
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year)		
ADDRESS			FROM: TO:		
CITY		STATE			
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.)			YOUR SUPERVISOR'S NAME AND TITLE		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.)					
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Stairwalk, Escalators, etc.)					

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

CERTIFICATION AND SIGNATURE

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

SIGNATURE OF APPLICANT: 

DATE: July 17 2013

Schindler Elevator Corporation



Monday, July 01, 2013
Mr. Cal Rogler
State of Michigan
Department of Consumer & Industry Services
Bureau of Construction Codes – Elevator Safety Division
P.O. Box 30254
Lansing, MI 48909

Subject: Luke Klida – Application for State License

This letter is to state that Mr. Luke Klida has been employed with Schindler Elevator Corporation since July 12, 2007 and has fulfilled all requirements that entitle him to be tested for Contractors License including installation, alteration, maintenance, repair, service, inspection and adjusting of elevator/escalator equipment.

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

Sincerely,

A handwritten signature in black ink, appearing to read 'Eric Pierson', with a long horizontal line extending to the right.

Eric Pierson
District Service Manager





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

July 2, 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 Luke Klida as being July 12, 2007. As of March 2013 he has worked a total of 11,011 hours, which works out to be just under 6 ½ years in the field. This information came from the National Elevator Industry Health Benefit Plan.

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

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

Sincerely,

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

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	DATE 7-31-13
<input type="checkbox"/> REJECTED	INITIALS JMB

EXAMINATION FEE: \$100.00 (nonrefundable)

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

IMPORTANT - READ CAREFULLY

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

Tran Info: 180 18915702-1 07/24/13
 Chk#: [REDACTED] Amt: \$100.00
 ID: MICHAEL KUDERICK

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 Michael A. Kudarik	DATE OF BIRTH [REDACTED]	SOCIAL SECURITY NUMBER* [REDACTED]
ADDRESS [REDACTED]	TELEPHONE NUMBER (Include Area Code) [REDACTED]	
CITY [REDACTED]	STATE MI	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 1999 <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 Roosevelt High School 540 Eureka Road Wyandotte MI 48193			
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE		BACHELORS DEGREE?	
Name _____	Location _____	<input type="checkbox"/> Yes, Date _____ <input type="checkbox"/> No	
Date _____		Major _____	Minor _____
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE		GRADUATE DEGREE	
Name _____	Location _____	Date _____	
Date _____		MAJOR	PROFESSIONAL CERTIFICATION OR LICENSE
BUSINESS, CORRESPONDENCE OR TRADE SCHOOLS		COURSE TITLE	
Name NETEP	Location 11641 1st St Detroit MI 48216	NETEP Apprenticeship Years 1, 2, 3 and 4	
		DATE ATTENDED (Mo-Yr) to (Mo-Yr) 7-2000 to 6-2012	TYPE OF CERTIFICATE OR LICENSE AWARDED Certificate for Mechanical Examination

*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 Timothy J. Goss			NAME Brent Bauer		
ADDRESS [REDACTED]			ADDRESS [REDACTED]		
CITY [REDACTED]	STATE MI	ZIP CODE [REDACTED]	CITY [REDACTED]	STATE MI	ZIP CODE [REDACTED]
NAME Maximilian Fenby			NAME		
ADDRESS [REDACTED]			ADDRESS		
CITY [REDACTED]	STATE MI	ZIP CODE [REDACTED]	CITY	STATE	ZIP CODE

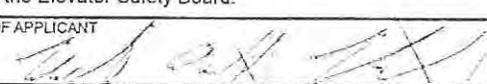
EMPLOYMENT HISTORY - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

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

NAME OF PRESENT OR LAST EMPLOYER Otis Elevator			DATES EMPLOYED (Month / Day / Year)		
ADDRESS 25365 Interchange Ct.			CITY Farmington Hills	STATE MI	FROM: 7/16/07 TO: Present
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) Assistant Mechanic			YOUR SUPERVISOR'S NAME AND TITLE Brent Bauer, Construction Superintendent		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) New elevator construction					
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Traction (geared and gearless); moving walks, escalators Hydraulic (direct and roped)					
NAME OF PREVIOUS EMPLOYER Thyssen Krupp Elevator			DATES EMPLOYED (Month / Day / Year)		
ADDRESS 35432 Industrial Rd			CITY Livonia	STATE MI	FROM: 1/1/06 TO: 3/31/06
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) Probationary Apprentice			YOUR SUPERVISOR'S NAME AND TITLE Brian Bauer, Modernization Superintendent		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Modernization, repair					
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Traction (geared)					

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

CERTIFICATION AND SIGNATURE

I certify all statements are true to the best of my knowledge and that all work shall be done according to the State of Michigan elevator law, rules and regulations adopted by the Elevator Safety Board.	
SIGNATURE OF APPLICANT 	DATE 7-25-13



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

June 3, 2013

Mr. Cal Rogler
Chief Elevator Inspector
State of Michigan
Bureau of Const.Codes - Elevator Safety Dept
2501 Woodlake Circle
Okemos, MI 48864

RE: Michael A. Kuderik
State of Michigan Elevator Journeyperson's License

Dear Chief Inspector Rogler:

This letter is to verify the employment of Michael A. Kuderik, who has been employed by Otis continuously since October 17, 2005.

The majority of Michael's career with Otis has been in the new equipment area of the business. He has worked on nearly every type of equipment the elevator industry has to offer, including the installation of Otis' GEN2 traction cars, freight elevators, traditional traction and hydraulic elevators.

Regarding repair/service experience, Michael has spent many months performing repairs and replacement of doors, cylinders and motors.

Michael A. Kuderik has proven his ability for promotion to Journeyman Elevator Mechanic. Therefore, we would appreciate your approval to allow him to sit for the State of Michigan Elevator Journeyperson's test.

Very truly yours,

OTIS ELEVATOR COMPANY

Brent Bauer

Brent Bauer
Construction Superintendent
Cc: Personnel file



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

July 22, 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 Michael A. Kuderik as being July 16, 2007. As of March 2013 he has worked a total of 9,271 hours, which works out to be just under 5 ½ years in the field. This information came from the National Elevator Industry Health Benefit Plan.

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

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

Sincerely,

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

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

OFFICE USE ONLY

<input checked="" type="checkbox"/> APPROVED	DATE <u>7-31-13</u>
<input type="checkbox"/> REJECTED	INITIALS <u>LMB</u>

EXAMINATION FEE: \$100.00 (nonrefundable)

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

IMPORTANT - READ CAREFULLY

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

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION? No Yes

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		BACHELORS DEGREE?	
Name <u>Monroe County Community College</u>	Location <u>1555 South Raisinville Rd</u> <u>Monroe, MI 48161</u>	Date <u>1994</u>	<input type="checkbox"/> Yes, Date _____ <input checked="" type="checkbox"/> No
		Major <u>Associate Degree</u>	Minor <u>Mechanical</u>
		Term _____	Term _____
		Semester _____	Semester _____
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE		GRADUATE DEGREE	
Name _____	Location _____	Date _____	MAJOR _____
		PROFESSIONAL CERTIFICATION OR LICENSE	
BUSINESS, CORRESPONDENCE OR TRADE SCHOOLS		COURSE TITLE	
Name <u>NEIEP</u>	Location <u>2300 Ashland Ave, RM 206</u> <u>Toledo, OH 43620</u>	Date Attended (Mo-Yr) to (Mo-Yr) <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 Doug Darrach		
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.			DATES EMPLOYED (Month / Day / Year)		
ADDRESS 221 N. Detroit Ave		CITY Toledo	STATE OH	FROM: 06/13/07	TO: Present
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) Assistant Mechanic			YOUR SUPERVISOR'S NAME AND TITLE Jason Gwin (Owner)		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) New Construction, Service, Modernization, Maintenance, Repair					
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Traction, Hydraulic, Escalators, Rack and Pinion					
NAME OF PREVIOUS EMPLOYER Kone Elevator			DATES EMPLOYED (Month / Day / Year)		
ADDRESS 11864 Belden Court		CITY Livonia	STATE MI	FROM: 06/30/12	TO: 01/25/13
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) Assistant Mechanic			YOUR SUPERVISOR'S NAME AND TITLE Mike Sovits		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Construction, Repair					
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, 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 McClanahan</i>	DATE 7-17-2013

TOLEDO

ELEVATOR

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

July 15, 2013

Michigan Dept. 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:

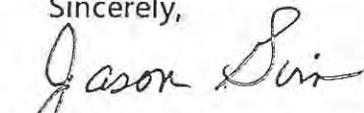
Please allow this letter to serve as reference for Michael McClanahan. Michael has been employed with Toledo Elevator for over 4 years and 6 months.

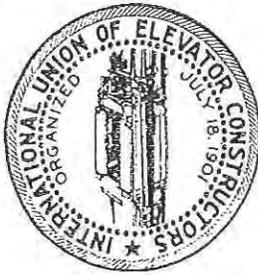
Dates:

June 7, 2007 to February 10, 2011
August 1, 2011 to January 27, 2012
March 25, 2013 to present

Michael's job duties include, but are not limited to the following: Construction, Modernization, Maintenance, Service and Repair of Traction and Hydraulic Elevators, Rack and Pinion hoists and escalators.

Sincerely,


Jason Gwin
President



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,

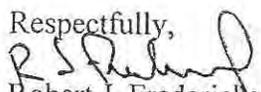
Please allow the following information to serve as verification of proof of eligibility for a Class A, Michigan Elevator Mechanic License to the individual named herein. The information contained herein, has been collected from the International Union of Elevator Constructors, National Elevator Industry 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 [REDACTED] 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



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 #: [REDACTED]

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

OFFICE USE ONLY

<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED	DATE 5.22.13
	INITIALS JMB

EXAMINATION FEE: \$100.00 (nonrefundable)

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

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

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION? No Yes

Trans Info 170 18627097-1 05/23/13
 Fee: \$100.00
 Date: 05/23/13

APPLICANT INFORMATION

CLASS		
<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C - Device Type _____
NAME RYAN L. SCHURING	DATE OF BIRTH [REDACTED]	SOCIAL SECURITY NUMBER [REDACTED]
ADDRESS [REDACTED]	TELEPHONE [REDACTED]	
CITY [REDACTED]	STATE MI	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?		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 1990		<input type="checkbox"/> No	
NAME AND ADDRESS OF HIGH SCHOOL			
OTSEGO HIGH SCHOOL 550 WASHINGTON ST.			
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE		BACHELORS DEGREE?	
Name	NORTHERN MICHIGAN UNIVERSITY	<input checked="" type="checkbox"/> Yes, Date 1994	
Location	MARQUETTE, MI	<input type="checkbox"/> No	
Date	1990 - 1994	Major	BFA ENVIRONMENTAL DES.
		Minor	
		Term	120+
		Semester	
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE		GRADUATE DEGREE	
Name			
Location			
Date			
BUSINESS, CORRESPONDENCE OR TRADE SCHOOLS		COURSE TITLE	
Name			
Location			
		DATE ATTENDED (Mo-Yr) to (Mo-Yr)	TYPE OF CERTIFICATE OR LICENSE AWARDED

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

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

NAME <i>KEVIN BIRD</i>			NAME <i>LARRY MROUZEK</i>		
ADDRESS [REDACTED]			ADDRESS [REDACTED]		
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY [REDACTED]	STATE <i>MI</i>	ZIP CODE [REDACTED]
NAME <i>RON LINDSLEY JR.</i>			NAME		
ADDRESS [REDACTED]			ADDRESS		
CITY [REDACTED]	STATE <i>MI</i>	ZIP CODE [REDACTED]	CITY	STATE	ZIP CODE

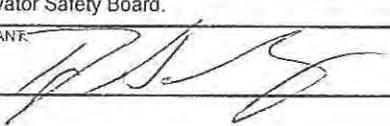
EMPLOYMENT HISTORY - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

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

NAME OF PRESENT OR LAST EMPLOYER <i>CENTRAL ELEVATOR COMPANY</i>			DATES EMPLOYED (Month / Day / Year) FROM: <i>JAN 15 2013</i> TO: <i>PRESENT</i>		
ADDRESS <i>1824 VANDERBILT</i>		CITY <i>PORTAGE</i>	STATE <i>MI</i>		
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) <i>APPRENTICE</i>			YOUR SUPERVISOR'S NAME AND TITLE <i>SUZANNE SCHULTZ - OWNER</i>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>NEW CONSTRUCTION, MODERNIZATIONS, SERVICE/REPAIR</i>					
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>TRACTION & HYDRAULIC, VARIOUS LIFTS</i>					
NAME OF PREVIOUS EMPLOYER <i>OTIS ELEVATOR</i>			DATES EMPLOYED (Month / Day / Year) FROM: <i>FEB 2007</i> TO: <i>DEC 2010</i>		
ADDRESS <i>1300 S. 7TH ST.</i>		CITY <i>OSHTIMO</i>	STATE <i>MI</i>		
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) <i>APPRENTICE</i>			YOUR SUPERVISOR'S NAME AND TITLE <i>JULIE MUNGER - SUPERVISOR</i>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>MAINTENANCE SERVICE REPAIR MODS.</i>					
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>TRACTION & HYDRAULIC - ALL TYPES</i>					

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

CERTIFICATION AND SIGNATURE

I certify all statements are true to the best of my knowledge and that all work shall be done according to the State of Michigan elevator law, rules and regulations adopted by the Elevator Safety Board.	
SIGNATURE OF APPLICANT: 	DATE <i>08 MAY 13</i>

Otis Elevator Company
1300 S. 8th Street
Kalamazoo, MI 49009
Tel: (269) 353-6480 Fax: (269) 353-6486
www.otis.com



Otis

A United Technologies Company

May 17, 2013

To whom it may concern,

Re: Ryan Schuring

D.O.B. [REDACTED]

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

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

His last day worked at Otis Elevator Company was December 10th 2009.

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

Sincerely,

Julie Munger, Maintenance Supervisor
OTIS ELEVATOR COMPANY

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

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

May 6, 2013

Subject: Letter of reference/recommendation

To Whom It May Concern:

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

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

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

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

Sincerely,

Kevin Bird

A handwritten signature in black ink, appearing to read 'KB', with a long horizontal flourish extending to the right.

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

May 7, 2013

Subject: Letter of reference/recommendation

To Whom It May Concern:

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

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

If you have any questions, please contact me.

Sincerely,

Ronald Lindsley Jr.

A handwritten signature in black ink that reads "Ronald Lindsley Jr." with a stylized flourish at the end.

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.
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IMPORTANT - READ CAREFULLY

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

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION? No Yes

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

APPLICANT INFORMATION

CLASS		SOCIAL SECURITY NUMBER	
<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	[REDACTED]	
NAME		[REDACTED]	
Jason Gwin		[REDACTED]	
ADDRESS		[REDACTED]	
[REDACTED]		[REDACTED]	
CITY	STATE	ZIP CODE	
[REDACTED]	[REDACTED]	[REDACTED]	

COMPANY REPRESENTING

COMPANY NAME		
Toledo Elevator		
ADDRESS		BUSINESS TELEPHONE NUMBER (Include Area Code)
221 N. Detroit Ave.		(419) 241-6422
CITY	STATE	ZIP CODE
Toledo	Ohio	43607

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		
Stacey Winters			Bob Friedrichs		
ADDRESS			ADDRESS		
[REDACTED]			[REDACTED]		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
[REDACTED]	Ohio	[REDACTED]	[REDACTED]	Ohio	[REDACTED]
NAME			NAME		
Jerry Virzi			[REDACTED]		
ADDRESS			ADDRESS		
[REDACTED]			[REDACTED]		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
[REDACTED]	MI	[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 tractions, 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
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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 [REDACTED] 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



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 [REDACTED].

Sincerely,

A handwritten signature in cursive script that reads "Stacey Winters".

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 #: [REDACTED]

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 7-31-13
<input checked="" type="checkbox"/> SUBMITTED TO BOARD	INITIALS JMS
<input type="checkbox"/> REJECTED	DATE
BOARD ACTION	
<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 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

APPLICANT INFORMATION

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

COMPANY REPRESENTING

COMPANY NAME Detroit Edison		
ADDRESS One Energy Plaza		BUSINESS TELEPHONE NUMBER (Include Area Code) 734-586-1187
CITY Detroit	STATE MI	ZIP CODE 48226

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

NAME Steve Pierson			NAME Dave Gubbins		
ADDRESS [REDACTED]			ADDRESS [REDACTED]		
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY [REDACTED]	STATE MI	ZIP CODE [REDACTED]
NAME Michael G. Cook			NAME		
ADDRESS [REDACTED]			ADDRESS		
CITY [REDACTED]	STATE MI	ZIP CODE [REDACTED]	CITY	STATE	ZIP CODE

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

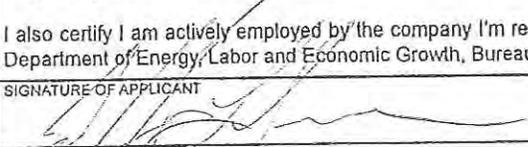
EMPLOYMENT HISTORY - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

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

NAME OF PRESENT OR LAST EMPLOYER <i>DTE Energy</i>			DATES EMPLOYED (Month / Day / Year)	
ADDRESS <i>One Energy Plaza</i>			CITY <i>Detroit</i>	STATE <i>MI</i>
			FROM: <i>02/01/2008</i>	TO: <i>Present</i>
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <i>Elevator Journeyman</i>			YOUR SUPERVISOR'S NAME AND TITLE <i>David Gubbini Maintenance Supervisor</i>	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>Maintenance, Service, Repair</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>Traction Geared & Gearless, Hydraulic direct, Escalators</i>				
NAME OF PREVIOUS EMPLOYER <i>Schindler Elevator</i>			DATES EMPLOYED (Month / Day / Year)	
ADDRESS <i>28451 Schindler Rd.</i>			CITY <i>Livonia</i>	STATE <i>MI</i>
			FROM: <i>12/01/2009</i>	TO: <i>02/01/2008</i>
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <i>Elevator Journeyman</i>			YOUR SUPERVISOR'S NAME AND TITLE <i>Steve Bywater Construction Supervisor</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>Traction Geared, 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 of Energy, Labor and Economic Growth, Bureau of Construction Codes.	
SIGNATURE OF APPLICANT 	DATE <i>07-17-2013</i>

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

DTE Energy



December 18, 2012

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

Dear Gentlemen,

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

A handwritten signature in black ink, appearing to read "Steven Pierson". The signature is written in a cursive style with a horizontal line at the end.

Steven Pierson
DTE Energy
Elevator Journeyman
Journeyman License # 2200316

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

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

DTE Energy



December 18, 2012

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

Dear Gentlemen,

This letter is to verify the employment of Jeffrey L. Jameson at DTE Energy. Jeff's Class A State of Michigan Elevator Journeyman license number is # 2200284. Jeff has worked as a State of Michigan Elevator Journeyperson at DTE Energy since February 4, 2008. Jeff is fully qualified and licensed to perform, or to provide supervision in the performance of, the work of installation, alteration, maintenance, repair, servicing adjusting inspecting, or testing elevators at DTE Energy.

A handwritten signature in black ink, appearing to read 'David L. Gubbini'.

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