

12-18-2012

### Work History Summary

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

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

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

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

OFFICE USE ONLY

DIVISION ACTION	DATE
<input checked="" type="checkbox"/> SUBMITTED TO BOARD	8-2-13
<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.

Form BCC-1185 10022857-1 07/24/13

CHRG#: [REDACTED] Amt: \$100.00  
ID: RALPH MOELLER

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	SOCIAL SECURITY NUMBER
RALPH MOELLER	[REDACTED]
ADDRESS	TELEPHONE NUMBER (include Area Code)
[REDACTED]	[REDACTED]
STATE	ZIP CODE
[REDACTED]	[REDACTED]

COMPANY REPRESENTING

COMPANY NAME	
TOLEDO ELEVATOR & MACHINE	
ADDRESS	BUSINESS TELEPHONE NUMBER (include Area Code)
221 NORTH DETROIT AVE.	419-241-6422
CITY	STATE
TOLEDO	OHIO
STATE	ZIP CODE
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	JERRY VIRZI	NAME	RICHARD MILATZ
ADDRESS	[REDACTED]	ADDRESS	[REDACTED]
CITY	STATE	CITY	STATE
[REDACTED]	MI	[REDACTED]	MI
NAME	JASON SWIN	NAME	DENNIS CHRISTIAENS
ADDRESS	[REDACTED]	ADDRESS	[REDACTED]
CITY	STATE	CITY	STATE
[REDACTED]	OH	[REDACTED]	MI

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

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

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

NAME OF PRESENT OR LAST EMPLOYER <b>TOLEDO ELEVATOR &amp; MACHINE</b>			DATES EMPLOYED (Month / Day / Year)		
ADDRESS <b>221 N. DETROIT AVE</b>		CITY <b>TOLEDO</b>	STATE <b>OH</b>	FROM: <b>3/13</b>	TO: <b>PRESENT</b>
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) <b>SUPERVISOR CONST, MODS, SERVICE, MAINT</b>			YOUR SUPERVISOR'S NAME AND TITLE <b>JASON GWIN - OWNER</b>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <b>ALL THE ABOVE</b>					
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <b>ALL THE ABOVE</b>					
NAME OF PREVIOUS EMPLOYER <b>MICHIGAN ELEVATOR</b>			DATES EMPLOYED (Month / Day / Year)		
ADDRESS <b>7795 LOCHLAWN DR.</b>		CITY <b>BRIGHTON</b>	STATE <b>MI</b>	FROM: <b>10/10</b>	TO: <b>10/12</b>
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) <b>SUPERVISOR</b>			YOUR SUPERVISOR'S NAME AND TITLE <b>LARRY ESTES - OWNER</b>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <b>ALL THE ABOVE</b>					
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <b>ALL THE ABOVE</b>					
NAME OF PREVIOUS EMPLOYER <b>KONE ELEVATOR</b>			DATES EMPLOYED (Month / Day / Year)		
ADDRESS <b>11864 BELDEN CT.</b>		CITY <b>LIVONIA</b>	STATE <b>MI</b>	FROM: <b>11/08</b>	TO: <b>10/10</b>
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) <b>SUPERINTENDENT SERVICE</b>			YOUR SUPERVISOR'S NAME AND TITLE <b>DAVE PAXSON - BRANCH MGR.</b>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <b>MAINTENANCE, SERVICE, REPAIR</b>					
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <b>ALL THE ABOVE</b>					

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

CERTIFICATION AND SIGNATURE

I certify all statements are true to the best of my knowledge and that all work shall be done according to the State of Michigan elevator law, rules and regulations adopted by the Elevator Safety Board.	
I also certify I am actively employed by the company I'm representing and that in the event of my leaving said firm, agree to immediately notify the Michigan Department Licensing and Regulatory Affairs, Bureau of Construction Codes.	
SIGNATURE OF APPLICANT 	DATE <b>7-25-13</b>

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

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

NAME OF PRESENT OR LAST EMPLOYER (OR PREVIOUS EMPLOYER) <b>CITY ELEVATOR</b>			DATES EMPLOYED (Month / Day / Year) FROM: <b>10/2000</b> TO: <b>11/08</b>	
ADDRESS <b>5735 GRAND RIVER AVE</b>	CITY <b>DETROIT</b>	STATE <b>MI</b>		
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) <b>SUPERVISOR CONST., MODS, SERVICE, MAINT</b>		YOUR SUPERVISOR'S NAME AND TITLE <b>JERRY VIRZI - OWNER</b>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <b>ALL THE ABOVE</b>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <b>ALL THE ABOVE</b>				
NAME OF PREVIOUS EMPLOYER <b>OTIS ELEVATOR</b>			DATES EMPLOYED (Month / Day / Year) FROM: <b>3/00</b> TO: <b>10/00</b>	
ADDRESS <b>25365 INTERCHANGE CT</b>	CITY <b>FARMINGTON HILLS</b>	STATE <b>MI</b>		
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) <b>SERVICE SUPERVISOR</b>		YOUR SUPERVISOR'S NAME AND TITLE		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <b>SERVICE, MAINTENANCE</b>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <b>ALL THE ABOVE</b>				
NAME OF PREVIOUS EMPLOYER <b>MICHIGAN ELEVATOR</b>			DATES EMPLOYED (Month / Day / Year) FROM: <b>3/86</b> TO: <b>3/00</b>	
ADDRESS <b>1658 E. NINE MILE RD.</b>	CITY <b>HAZEL PARK</b>	STATE <b>MI</b>		
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) <b>WORKED UP TO OPERATIONS MANAGER</b>		YOUR SUPERVISOR'S NAME AND TITLE <b>JERRY WHEELER - OWNER</b>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <b>ALL THE ABOVE</b>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <b>ALL THE ABOVE &amp; CONSTRUCTION PERSONNEL HOISTS</b>				

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

CERTIFICATION AND SIGNATURE

I certify all statements are true to the best of my knowledge and that all work shall be done according to the State of Michigan elevator law, rules and regulations adopted by the Elevator Safety Board.	
I also certify I am actively employed by the company I'm representing and that in the event of my leaving said firm, agree to immediately notify the Michigan Department Licensing and Regulatory Affairs, Bureau of Construction Codes.	
SIGNATURE OF APPLICANT 	DATE <b>7-25-13</b>

To Whom It May Concern,

Mr Moeller was employed in the elevator industry since 1986 during that time he was employed by City Elevator for 10 years. At City Elevator he was involved in the supervision of the modernation dept., the construction dept., the service repair dept. and the maintenance dept.

His credentials and work ethics are impeccable.

I have no reservations recommending Mr. Moeller for any position in the elevator industry.

If you should have any further questions please don't hesitate to contact me.

Respectfully Yours,  
Gerald J. Viczi

NATIONAL ELEVATOR CONSULTANTS, INC.

7397 AQUA ISLE

ALGONAC, MI 48001-4203

Toll Free 1-866-241-6324 Fax: 810-794-2343

July 31, 2013

Regarding: Ralph Moeller/State of Michigan Elevator Class "A" Contractor's License

To Whom it May Concern,

I have known Ralph Moeller (currently employed at Toledo Elevator) since interviewing him for employment in the Elevator industry in early 1986.

Ralph accepted employment with Michigan Elevator in 1986 thru the year 2000. where he became a State of Michigan Licensed Class "A" Journeyman in 1983.

When Michigan Elevator was acquired by Otis Elevator in the year 2000, Ralph continued employment in the elevator industry with Otis Elevator.

Ralph later became employed with City Elevator from the year 2001 until it was acquired by Kone Elevator in 2008.

Ralph continued employment with Kone Elevator until October of 2012 at which time he re-joined the new Michigan Elevator.

Ralph joined Toledo Elevator in March of 2013 and is continuing his employment with them in the Elevator Industry.

Ralphs knowlege lies in all aspects of the elevator industry including but not limited to:

Installation of new elevators

Modernization of existing elevators

Maintenance of elevators

Elevator service work

Elevator tech support and trouble shooting

Sales estimating, ordering and supervising elevator journeypersons.

Ralph Moeller has experience in all types of elevator equipment, both new and old.

I highly recommend Ralph Moeller be tested and awarded a Class "A" State of Michigan contractor's license upon completing and passing the required test(s).

Respectfully,



Dennis Christiaens, President  
National Elevator Consultants, Inc.

**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>2.31.13</u>
<input checked="" type="checkbox"/> SUBMITTED TO BOARD	INITIALS <u>YAB</u>
<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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Trans Info: 193 18915615-1 07/26/13  
 CR#: [REDACTED] AMT: \$50.00  
 ID: BRADLEY COBEILLE

**IMPORTANT - READ CAREFULLY**

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

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION?  No  Yes

**APPLICANT INFORMATION**

TYPE <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
NAME <u>Bradley M Coebille</u>		SOCIAL SECURITY NUMBER* [REDACTED]	
ADDRESS [REDACTED]		TELEPHONE NUMBER (including area code) [REDACTED]	
CITY [REDACTED]	STATE <u>Mich.</u>	ZIP CODE [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. _____	
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>2200184</u>	

**EDUCATION AND TRAINING**

CHECK THE HIGHEST GRADE COMPLETED <input type="checkbox"/> 6 or Less <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input checked="" type="checkbox"/> 12	
DID YOU GRADUATE? <input checked="" type="checkbox"/> Yes, Year <u>1995</u> <input type="checkbox"/> No	IF YOU HAVE NOT COMPLETED HIGH SCHOOL, HAVE YOU TAKEN THE G.E.D. TEST TO EARN HIGH SCHOOL EQUIVALENCY? <input type="checkbox"/> Yes <input type="checkbox"/> No
HIGH SCHOOL <u>Clontara High School, Ann Arbor, MI</u>	
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING)	
SPECIAL TRAINING	

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

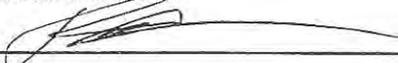
EMPLOYMENT HISTORY - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

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NAME OF PRESENT OR LAST EMPLOYER <b>DTE Energy</b>			DATES EMPLOYED (Month / Day / Year) FROM: <b>March 20th 2013</b> TO: <b>present</b>	
ADDRESS <b>1 Plaza De</b>	CITY <b>Detroit</b>	STATE <b>MICH</b>		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <b>Journeyperson</b>		YOUR SUPERVISOR'S NAME AND TITLE <b>Mike Cronk</b>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <b>Maintenance, Service, Repair, Test of Elevator, Escalators.</b>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <b>Traction (geared, gearless) Hydraulic (Direct) Escalators</b>				
NAME OF PREVIOUS EMPLOYER <b>Thyssen Krupp Elevator</b>			DATES EMPLOYED (Month / Day / Year) FROM: <b>Aug. 8th 2008</b> TO: <b>March 4th 2013</b>	
ADDRESS <b>35432 Industrial Dr.</b>	CITY <b>Livonia</b>	STATE <b>MICH</b>		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <b>Journeyperson / App.</b>		YOUR SUPERVISOR'S NAME AND TITLE <b>Boam Bailey</b>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <b>Construction, Maintenance, Service, Repair, Mod</b>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <b>Traction (geared, gearless) Hydr. (d.r.) Escalators.</b>				
NAME OF PREVIOUS EMPLOYER <b>Kone Elevator</b>			DATES EMPLOYED (Month / Day / Year) FROM: <b>June 7th 2006</b> TO: <b>Aug 15th 2008</b>	
ADDRESS <b>11864 Belden Ct.</b>	CITY <b>Livonia</b>	STATE <b>MICH</b>		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <b>App.</b>		YOUR SUPERVISOR'S NAME AND TITLE <b>Scott Hartley</b>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <b>Construction, maintenance, Service, Repair, Mod</b>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <b>Traction (geared, gearless) Hydes. (dir, roped) Escalators</b>				

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

CERTIFICATION AND SIGNATURE

I certify all statements are true to the best of my knowledge.	
SIGNATURE OF APPLICANT 	DATE <b>July 4th 2013</b>

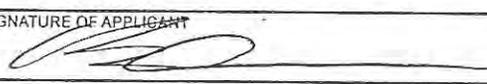
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NAME OF PRESENT OR LAST EMPLOYER			DATES EMPLOYED (Month / Day / Year)	
ADDRESS			CITY	STATE
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.)			YOUR SUPERVISOR'S NAME AND TITLE	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.)				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.)				
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year)	
Schindler Elevator			FROM: Dec 3 <sup>rd</sup> 1999 TO: June 2 <sup>nd</sup> 2006	
38457 Schockmant Rd			LIVONIA	MI
App.			Don Schmitts	
Elevator Construction, Maintenance, Service, Repair				
Traction (geared, gearless) Hydraulic (direct, roped) Stage Lift, Sidewalk, Escalators				
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year)	
ADDRESS			CITY	STATE
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.)			YOUR SUPERVISOR'S NAME AND TITLE	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.)				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.)				

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**CERTIFICATION AND SIGNATURE**

I certify all statements are true to the best of my knowledge.	
SIGNATURE OF APPLICANT	DATE
	July 6 <sup>th</sup> 2013



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. Corbelle 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



April 29<sup>th</sup> 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 Journeyman In the elevator Industry since Dec 3<sup>rd</sup> 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

**Application for Elevator Certificate of Competency Examination**  
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OFFICE USE ONLY

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

**EXAMINATION FEE: \$50.00 (nonrefundable)**

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HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION?     No     Yes

**APPLICANT INFORMATION**

TYPE <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
NAME Dennis Keeley	
ADDRESS [REDACTED]	
STATE MI	ZIP CODE [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 Durand High School	
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING)	
SPECIAL TRAINING	

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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 (g geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.)				
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year)	
ADDRESS			CITY	STATE
YOUR JOB TITLE (Apprentice, 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 (g geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.)				
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year)	
ADDRESS			CITY	STATE
YOUR JOB TITLE (Apprentice, 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 (g geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.)				

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

**CERTIFICATION AND SIGNATURE**

I certify all statements are true to the best of my knowledge.	
SIGNATURE OF APPLICANT <i>[Signature]</i>	DATE <i>07-26-2013</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>B &amp; D Elevator Services Inc.</i>			DATES EMPLOYED (Month / Day / Year)	
ADDRESS <i>1820 N Hickory</i>			FROM: <i>01-25-13</i>	TO: <i>01-25-13</i>
CITY <i>OWASSO</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 VanFlotten 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 Melbourn St</i>			FROM: <i>06-26-12</i>	TO: <i>08-02-12</i>
CITY <i>Detroit</i>	STATE <i>MI</i>			
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <i>Mec-helper</i>		YOUR SUPERVISOR'S NAME AND TITLE <i>Don 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>Kove</i>			DATES EMPLOYED (Month / Day / Year)	
ADDRESS <i>11864 Belden Ct</i>			FROM: <i>02-08-10</i>	TO: <i>05-23-11</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 Norley 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>Gregg 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 Cambell mod. sup.</i>	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>Modr, 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>204 Snow Dr.</i>			CITY <i>Huntswood</i>	STATE <i>Alabama</i>
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <i>Journey Person</i>			YOUR SUPERVISOR'S NAME AND TITLE <i>Ken Chapman construction sup.</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 Cleveland St</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			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			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)	
ADDRESS			FROM:	TO:
CITY <i>Flint</i>			STATE <i>Mi</i>	
			<i>4-10-82 3-19-83</i>	
YOUR JOB TITLE (Apprentice, Journeyman, 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)	
ADDRESS			FROM:	TO:
CITY <i>Flint</i>			STATE <i>Mi</i>	
			<i>2-13-78 4-8-87</i>	
YOUR JOB TITLE (Apprentice, Journeyman, 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)	
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, 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>D. Kelly</i>	DATE <i>02-25-13</i>

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

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

OFFICE USE ONLY

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

**EXAMINATION FEE: \$50.00 (nonrefundable)**

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

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

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION?  No  Yes

**APPLICANT INFORMATION**

TYPE			
<input checked="" type="checkbox"/> General		<input type="checkbox"/> Special	
NAME		SOCIAL SECURITY NUMBER	
Antwane Maddox		[REDACTED]	
ADDRESS		TELEPHONE NUMBER (Include Area Code)	
[REDACTED]		[REDACTED]	
STATE		ZIP CODE	
Michigan		[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. _____			
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. 2201745			

**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 1991 <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIGH SCHOOL	
Saint Martin de Porres 13436 Grove Detroit, MI 48235	
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING)	
Western Michigan 1903 W. Michigan Ave Kalamazoo, MI 49008	
SPECIAL TRAINING	
National Elevator Industry Education 1640 Porter St Detroit, MI 48216	

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

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

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

NAME OF PRESENT OR LAST EMPLOYER <b>DTE Energy</b>			DATES EMPLOYED (Month / Day / Year)	
ADDRESS <b>3500 E. Front St.</b>			CITY <b>Monroe</b>	STATE <b>Michigan</b>
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) <b>Journeyman</b>			YOUR SUPERVISOR'S NAME AND TITLE <b>Michael Crank</b>	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <b>Maintenance, Service, Repair</b>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <b>Traction elevators geared &amp; gearless, hydraulic elevators, escalators, A.M.A.C.</b>				

NAME OF PREVIOUS EMPLOYER <b>City of Detroit</b>			DATES EMPLOYED (Month / Day / Year)	
ADDRESS <b>Dwardward</b>			CITY <b>Detroit</b>	STATE <b>MI.</b>
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) <b>Elevator Inspector</b>			YOUR SUPERVISOR'S NAME AND TITLE <b>Kurt Johnson, Supervisory Elevator Inspector</b>	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <b>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 noted, maintain records and reports. Investigate elevator accidents &amp; complaints.</b>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <b>Geared, gearless traction hydraulic, escalators dumbwaiter, moving walks, wheelchair lifts, stage lift, VPL, MFL.</b>				

NAME OF PREVIOUS EMPLOYER <b>Kone Elevator Company</b>			DATES EMPLOYED (Month / Day / Year)	
ADDRESS <b>11804 Belden Ct.</b>			CITY <b>Livonia</b>	STATE <b>MI.</b>
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) <b>Temporary Journeyman</b>			YOUR SUPERVISOR'S NAME AND TITLE <b>Norm Price</b>	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <b>Maintenance, service, repair</b>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <b>Geared, gearless traction, hydraulic, escalators, dumbwaiter moving walks, wheelchair lifts</b>				

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

**CERTIFICATION AND SIGNATURE**

I certify all statements are true to the best of my knowledge.	
SIGNATURE OF APPLICANT 	DATE <b>7-23-13</b>

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

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

NAME OF PRESENT OR LAST EMPLOYER <i>Otis Elevator Company</i>			DATES EMPLOYED (Month / Day / Year) FROM: 6/95 TO: 1/2000	
ADDRESS <i>25365 Interchange Ct</i>	CITY <i>Farmington Hills</i>	STATE <i>MI.</i>		
YOUR JOB TITLE (Apprentice, Journeyman, 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) FROM: TO:	
ADDRESS	CITY	STATE		
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.)		YOUR SUPERVISOR'S NAME AND TITLE		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.)				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.)				
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year) FROM: TO:	
ADDRESS	CITY	STATE		
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.)		YOUR SUPERVISOR'S NAME AND TITLE		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.)				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.)				

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

**CERTIFICATION AND SIGNATURE**

I certify all statements are true to the best of my knowledge.	
SIGNATURE OF APPLICANT <i>A. [Signature]</i>	DATE <i>7-25-13</i>

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

183

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 JAB
<input type="checkbox"/> REJECTED	DATE
BOARD ACTION	
<input type="checkbox"/> APPROVED	
<input type="checkbox"/> REJECTED	

EXAMINATION FEE: \$50.00 (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 preceding the date of the examination.
- Examinations will be held at location and on dates designated by the Elevator Safety Board in accordance with 1967 PA 227.
- General inspector applicants must have 3 years of experience in elevator construction. Special inspector applicants must have 3 years of experience in designing, installing, maintaining or inspecting elevators.
- Applicant shall record his/her formal education and names of his/her previous employers, date of employment and type of work performed.
- Provide a written reference from one or more previous employers certifying the applicant's character and experience.
- Examination applications not properly completed will be rejected.
- The examination fee must accompany this application. Make check or money order payable to the State of Michigan.
- Mail completed examination application and fee to above address.

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION?  No  Yes

Tran Info: 183 18810223-1 07/25/13  
 Chk#: [REDACTED] Amt: \$50.00  
 ID: GLENN NOLDOVAN

APPLICANT INFORMATION

TYPE	
<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
NAME GLENN NOLDOVAN	
[REDACTED]	
STATE MICH.	ZIP [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. 2200460	

EDUCATION AND TRAINING

CHECK THE HIGHEST GRADE COMPLETED

6 or Less  7  8  9  10  11  12

DID YOU GRADUATE?  
 Yes, Year 1970  No

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

HIGHEST SCHOOL  
 ROYAL OAK DONDERO HIGH SCHOOL

COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING)  
 OAKLAND COMMUNITY COLLEGE

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 <b>ELEVATOR TECHNOLOGY INC.</b>			DATES EMPLOYED (Month / Day / Year)	
ADDRESS <b>4628 SAINT AUBIN ST</b>			CITY <b>DETROIT</b>	STATE <b>MICH.</b>
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) <b>FOREMAN</b>			YOUR SUPERVISOR'S NAME AND TITLE <b>WAYNE BOLEN</b>	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <b>FOREMAN AT DETROIT METRO AIRPORT - MAKE SCHEDULES FOR MAINTENANCE &amp; SERVICE WORK - SERVICED, REPAIRED &amp; ADJ ELEVATORS ESCALATORS, MOVING WALKS - MAKE REPORTS TO AIRPORT AUTHORITY</b>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <b>GEARED, ESCALATOR, MOVING WALKS, HYDRAULIC (DIRECT &amp; ROPED) SEWER LIFTS, HANDICAP ELEVATORS. - STAGE LIFT</b>				
NAME OF PREVIOUS EMPLOYER <b>MONTGOMERY/KONE</b>			DATES EMPLOYED (Month / Day / Year)	
ADDRESS <b>11864 BOLDEN CT</b>			CITY <b>LIVONIA</b>	STATE <b>MICH</b>
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) <b>FORMAN</b>			YOUR SUPERVISOR'S NAME AND TITLE <b>NORM PRICE / ROB SOVIS</b>	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <b>DAY TO DAY ELEVATOR OPERATIONS FOR MAINTENANCE SERVICE REPAIR, ADJUST, &amp; MODERNIZATIONS</b>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <b>TRACTION, (GEARED &amp; GEARLESS) - HYDRAULIC</b>				
NAME OF PREVIOUS EMPLOYER <b>MILLAR ELEVATOR / WESTING HOUSE</b>			DATES EMPLOYED (Month / Day / Year)	
ADDRESS <b>OAK PARK</b>			CITY <b>OAK PARK</b>	STATE <b>MICH</b>
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) <b>JOURNEY PERSON</b>			YOUR SUPERVISOR'S NAME AND TITLE <b>BOB CHENE / TRED SMARTY</b>	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <b>MAINTENANCE, SERVICE, REPAIR, MODERNIZATION CONSTRUCTION (DICK KLIDA) MAINT/SERV - FRANK GIBSON</b>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <b>TRACTION (GEARED &amp; GEARLESS) HYDRAULIC, SIDE WALK LIFTS ESCALATORS</b>				

WESTING HOUSE  
MICH

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 <b>Glenn Molitor</b>	DATE <b>7-21-2013</b>

# Elevator Technology, Inc.

4628 St. Aubin  
Detroit, MI 48207

Phone 313-832-2440  
Fax 313-832-1618

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June 11, 2013

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

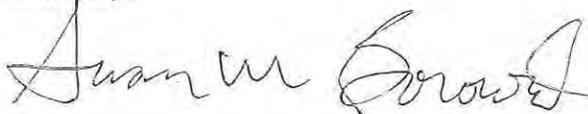
Re: Glen Moldovan – SS# [REDACTED]

To Whom It May Concern:

As the Manager at Elevator Technology, Inc. I worked closely with Glenn Moldovan from August 2006 until he April 2012.

Glenn is a hard-working self-starter who worked well as a co-worker and leader. He is well liked and respected by his colleagues and was a great asset to Elevator Technology, Inc. Based on my experience working with Glenn I highly recommend him without reservation.

Sincerely,



Susan M. Borowiak  
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 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 Glenn M. Moldovan as being February 5, 1975.

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



RICK SNYDER  
GOVERNOR

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

STEVE ARWOOD  
DIRECTOR

August 1, 2013

TO: Members of the Elevator Safety Board

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

SUBJECT: Variance Request for Detroit Elevator Co.

**APPLICANT REPRESENTATIVE:**

Donald J. Purdie, Jr., Vice President

**APPLICANT:**

Detroit Elevator Co.  
2121 Burdette  
Ferndale, MI 48220

**AUTHORITY:**

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

**VARIANCE REQUEST:**

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

**APPLICABLE CODE SECTION:**

ASME A17.1-2007 Section 2.15.9.2.

**FINDINGS:**

ASME A17.1-2007 Section 2.15.9.2.

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

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

LARA is an equal opportunity employer

Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

P.O. BOX 30254 • LANSING, MICHIGAN 48909

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

DETROIT  ELEVATOR COMPANY  
SINCE 1914

July 22, 2013

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

Attention: Mr. Calvin Rogler; Chief Elevator Inspector

Re: University of Michigan Ann Arbor Campus  
Modern Languages Building  
State of Michigan Elevator Serial No's 54585 & 54586

Dear Mr. Rogler,

On behalf of The University of Michigan, please consider this transmittal as a request to seek a variance to the current code; ASME A17.1 2007, specifically Section 2.15.9.2 which requires a 48" deep elevator platform toe guard device.

These elevators are currently undergoing major modernizations to improve their safety and reliability. This work includes their conversion from existing in ground hydraulic systems to overhead traction type systems. All major systems of the elevators are scheduled for replacement.

However, please note that the existing pit depths are both 48". We ask for this variance in order to allow us to install 36" deep platform toe-guards (The existing guards are 25") in order to utilize the existing pit depth.

As per the attached transmittal from SDI Structures to The University of Michigan, providing deeper pit depths would have created very serious concerns with the structural integrity of the existing building due to foundation infringement and positioning.

Please note the attached information from the control system supplier; Motion Control Engineering and also the rope brake supplier, Hollister Whitney Corporation.

Detroit Elevator confirms that this equipment can be utilized for the conditions on site and that the rope brakes can adjusted for less than a 36" un-intended motion stop distance. Additionally, we will paint the pit floors in 'caution yellow' paint as well as provide signage indicating a short pit depth in the elevator machine room(s), elevator pits, and also on the car platform toe guards themselves.

DETROIT ELEVATOR COMPANY

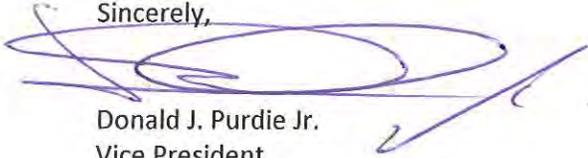
Detroit Elevator/U-M Modern Languages

Pg. 2

7-22-13

We appreciate your consideration in this matter, and if you should have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in blue ink, appearing to read "Donald J. Purdie Jr.", written over a horizontal line.

Donald J. Purdie Jr.  
Vice President

sdi

275 E Liberty Ann Arbor MI 48104

734 213-6091  
andy@sdistructures.com

to UM AEC attention David Stockson **memo**  
from Andy Greco project MLB date July 19, 2013

David Stockson  
Manager, Architectural Services  
326 E. Hoover Ave.  
Ann Arbor, Mi. 48104

The existing elevator pit is a continuous foundation that supports four columns that surround the pit. In order to lower the elevation of the existing pit the entire four column foundation would have to be underpinned. This would be a high risk undertaking as it may undermine each of the four columns and the adjacent corridor. Underpinning the foundation would present a significant safety concern during construction.

Regards,

Andy Greco P.E.  
Principal, Sdi-structures

RECEIVED  
JUL 20 2013  
DETROIT ELEVATOR CO.

7/03/13

Detroit Elevator  
Mr. Chris Frump

Reference: University of Michigan Modern Language Building Project. State of Michigan Serial No's 54585 & 54586, Detroit Elevator's No's Ne4672-73-P, MCE Job Number 2013076610, MCE Serial Numbers 3319877 and 33129879. Model I-CONTROL, AC Gearless.

Chris,

Yes, to confirm Detroit Elevator's conversation with the MCE Engineering Department, the Contract speed is 250FPM, however, due to the existing 48" pit depth, MCE has designed the Control Systems to run at 150 FPM between levels "1" and "B" to accommodate the shallow pit depth limitations. MCE has experience with these types of applications (shallow pit depth) and can overcome this challenge – presenting no technical difficulties for MCE.

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

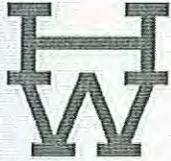
Best Regards,



Jeff

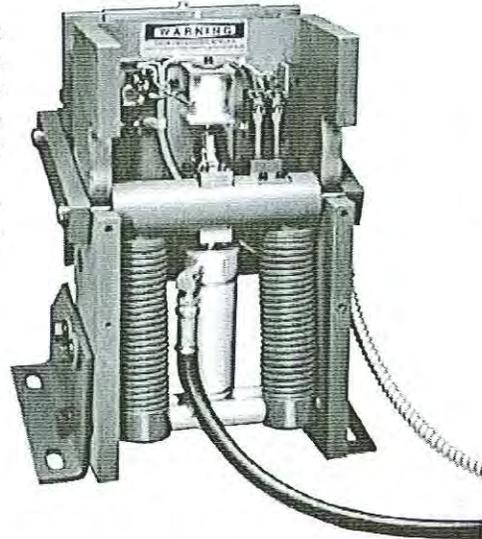
**Jeff Yeager**

Regional Sales Manager  
Motion Control Engineering  
11380 White Rock Road  
Rancho Cordova, CA 95742  
Toll Free: 800-444-7442, ext. 303  
Direct: 916-463-9303  
Cell: 916-813-5176  
Email: [jeff.yeager@nidec-mce.com](mailto:jeff.yeager@nidec-mce.com)  
[www.mceinc.com](http://www.mceinc.com)



# HOLLISTER-WHITNEY THE ROPE GRIPPER®

In recent years, there has been a great deal of discussion about the need for protection against injuries caused by elevator cars leaving the floor with the doors open and overspeeding in the up direction. That's why Hollister-Whitney introduced the Rope Gripper, a remarkable device used to grab elevator suspension ropes to stop the elevator in the event of a mechanical or electrical failure. It is imperative that if an elevator overspeeds in the up direction and/or if the elevator leaves the floor with the doors open.



Hollister  
Whitney



The Rope Gripper has many unique features, such as a gently applied but powerful 'grip' which doesn't damage the rope or cause any undue stress to the machine or traction sheave, Protection is assured even when slipping traction occurs. The Rope Gripper provides easy alignment with adequate clearances between the rope and self grooving 'grip' linings and provides power compensation with a constant but powerful force to the rope even as the linings wear. Only four wires are required to the elevator controls and installation is simple. The Rope Gripper is mechanically activated and hydraulically reset.



New Patents Pending  
Patented Worldwide  
US Patent 5,228,540

Conforms To:  
CSA B44.1 (Certificate #85181)  
ASME-A17.5 - 2000  
ASME-417.5  
NRTL/C  
EN81-1  
(E.C. Type Examination Certificate #71-01-03-1632-020-03)



Hollister-Whitney Elevator Corporation  
#1 Hollister-Whitney Parkway, Quincy, I.L. 62305  
Phone: 217.222.0466  
Fax: 217.222.0493  
Web: [www.hollisterwhitney.com](http://www.hollisterwhitney.com)  
Email: [info@hwec.com](mailto:info@hwec.com)

# Rope Grippers

## When Ordering Rope Gripper, Specify the Following:

Capacity | Car Speed | Empty Car Weight | Counterweight Weight |  
 Rope Weight | Compensation Weight | Number and Size of Cables |  
 Center Line to Center Line of the Cables | 1:1 or 2:1 Roping |  
 Single or Double Wrap | Length of Hydraulic Hose (27" Standard, up to 96" optional)

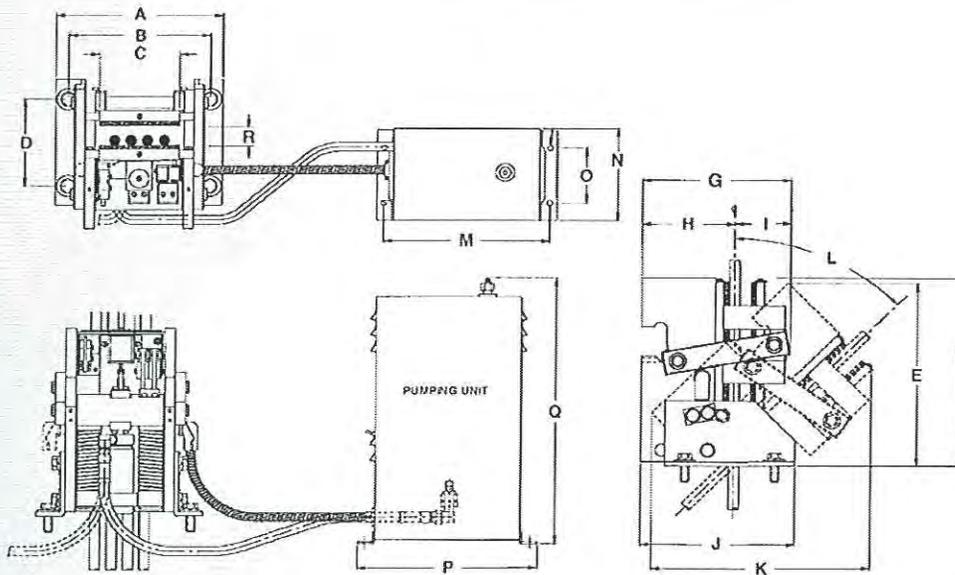


		<b>"ROPE GRIPPER" MODEL</b>					
		#618	#620	#622	#624	#625	#626
MAX. OUT TO OUT OF CABLES:		3 3/8" (86 mm)	4 7/8" (124 mm)	6" (152 mm)	10" (254 mm)	11 1/2" (292 mm)	10" (254 mm)
POWER SUPPLY:		6A, 120V ac, 1 PH, 60 Hz					
CONTACT RATINGS:		6A, 250V ac, 0.15A, 250V dc					
1:1 ROPING	MAXIMUM RATINGS	250 fpm (1.27 m/s)	350 fpm (1.78 m/s)	600 fpm (3.05 m/s)	1,200 fpm (6.10 m/s)		
	'ROPE GRIPPER' TRIPPING SPEED:	303 fpm (1.54 m/s)	402 fpm (2.04 m/s)	690 fpm (3.51 m/s)	1,368 fpm (6.95 m/s)		
	CAR RATED LOAD: <small>(with 40 to 50% Counterweight)</small>	1,800 lbs (816 kg)	2,500 lbs (1,134 kg)	5,000 lbs (2,268 kg)		10,000 lbs (4,536 kg)	
	CAR, CAR LOAD, COUNTERWEIGHT, HOIST AND COMPENSATION ROPE MASS:	11,000 lbs (4,990 kg)	11,500 lbs (5,216 kg)	18,600 lbs (8,437 kg)		38,000 lbs (17,236 kg)	
	DOOR ZONE:	± 10 inches (254 mm)					
MIN.	CAR RATED LOAD:	600 lbs (272 kg)	600 lbs (272 kg)	1,500 lbs (680 kg)		2,500 lbs (1,134 kg)	
	CAR & COUNTER- WEIGHT MASS:	2,280 lbs (1,034 kg)	2,280 lbs (1,034 kg)	6,000 lbs (2,722 kg)		8,000 lbs (3,629 kg)	
2:1 ROPING	MAXIMUM RATINGS	175 fpm (.89 m/s)	250 fpm (1.27 m/s)	400 fpm (2.03 m/s)	800 fpm (4.06 m/s)		
	'ROPE GRIPPER' TRIPPING SPEED:	225 fpm (1.14 m/s)	303 fpm (1.54 m/s)	459 fpm (2.33 m/s)	921 fpm (4.68 m/s)		
	CAR RATED LOAD: <small>(with 40 to 50% Counterweight)</small>	3,600 lbs (1,633 kg)	5,000 lbs (2,268 kg)	10,000 lbs (4,536 kg)		20,000 lbs (9,072 kg)	
	CAR, CAR LOAD, COUNTERWEIGHT, HOIST AND COMPENSATION ROPE MASS:	22,000 lbs (9,979 kg)	23,000 lbs (10,432 kg)	38,000 lbs (17,236 kg)		76,000 lbs (34,472 kg)	
	DOOR ZONE:	10 inches (254 mm) ±					
MIN.	CAR RATED LOAD:	1,200 lbs (544 kg)	1,500 lbs (680 kg)	2,500 lbs (1,134 kg)		5,000 lbs (2,268 kg)	
	CAR & COUNTER- WEIGHT MASS:	4,560 lbs (2,068 kg)	6,000 lbs (2,722 kg)	8,000 lbs (3,629 kg)		16,000 lbs (7,258 kg)	
	SHIPPING WEIGHT:	90 lbs (41 kg)	100 lbs (45 kg)	180 lbs (82 kg)	300 lbs (136 kg)		335 lbs (152 kg)

**Notes for Models 618, 620 & 622**

- Model 618 Rope Gripper (for European use) is designed to be manually pumped and does not include a pumping unit; in the event of a power failure, a battery back-up is necessary
- Pumping units, for 620 & 622, can be mounted on either side of Rope Gripper
- (4) 1/2" bolts are required to mount Rope Gripper and (4) 1/4" – 20 N.C. bolts to mount pumping unit
- C dimension indicates lining width and maximum outside to outside of hoist ropes
- L dimension is adjustable from 0° to 45°

Hollister  
Whitney



"ROPE GRIPPER" DIMENSIONS																		
MODEL	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
618	7 (178)	6 1/8 (154)	3 1/4 (83)	5 (127)	9 13/16 (247)	9 1/16 (230)	8 5/8 (219)	5 7/16 (138)	3 3/16 (81)	8 1/16 (221)	12 (305)	40°						1 1/4 (32)
620	10 1/8 (257)	8 5/8 (219)	4 7/8 (124)	5 1/2 (140)	11 11/16 (297)	12 (305)	9 1/4 (235)	5 3/4 (146)	3 1/2 (89)	9 1/2 (241)	13 1/2 (343)	45°	10 1/4 (260)	5 7/8 (149)	3 1/2 (89)	11 1/8 (283)	16 15/16 (430)	1 1/4 (32)
622	11 1/2 (292)	10 (254)	6 (152)	5 1/2 (140)	14 11/16 (373)	16 1/4 (413)	9 (229)	5 3/4 (146)	3 1/4 (83)	9 1/2 (241)	18 1/2 (469)	45°	10 1/4 (260)	5 7/8 (149)	3 1/2 (89)	11 1/8 (283)	16 15/16 (430)	1 1/4 (32)

9/19/2012 2:41:00 PM Kalamat C:\L000207 - Modern Passenger Building\Projects\200005870 - Elevator Replacement\Design\Specifications\558704-1F.doc

- 7. The elevator contractor shall provide at no additional cost any additional devices required to meet the above THD limits.
- 8. The drive shall be a heavy-duty type, capable of delivering sufficient current required to accelerate the elevator to contract speed with rated load. The drive shall provide speed regulation appropriate to the motor type.
- 9. The regenerated power from the elevator shall be of benefit to the building. The regenerative power shall not be dissipated in a resistor bank but will be returned to the building electrical system. Steps shall be taken to provide equipment so the regenerated power does not adversely affect other equipment in the facility, steps such as the use of the filter network and or isolation transformer shall be used.
- 10. A contactor shall be used to disconnect the hoist motor from the output of the drive each time the elevator stops. This contactor shall be monitored and the elevator shall not start again if the contactor has not returned to the de-energized position when the elevator stops.
- 11. All power feed lines to the brake shall be opened by an electro-mechanical switch. A single ground, short circuit or solid-state control failure shall not prevent the application of the brake.
- 12. The controller shall provide stepless acceleration and deceleration and provide smooth operation at all speeds.
- 13. The power control shall be arranged to continuously monitor the performance of the elevator in such a way that if the car speed exceeds 150fpm during access, inspection or leveling, the car shall shut down immediately, requiring a reset operation.
- 14. The controller shall be arranged to continuously monitor the performance of the elevator in such a way that the car speed shall not exceed 150fpm during travel down from the 1<sup>st</sup> floor to the Basement floor for elevators #1 & #2.
- 15. The automatic leveling zone shall not extend more than 12" (304.8mm) above or below the landing level nor shall the doors begin to open until the car is level with the landing. In addition, the inner leveling zone shall not extend more than 3" (76.2mm) above or below the landing. The car shall not move if it stops outside the inner leveling zone unless the doors are fully closed and locked.
- 16. The system shall use an automatic two-way leveling device to control the leveling of the car to within 1/4" (6.35mm) or better above or below the landing sill. Overttravel or underttravel shall be compensated for and the car brought level to the landing sill.

"A" or "B".

- 1. The flux vector drive shall be capable of producing full torque at zero speed.
- 2. The flux vector drive shall not require DC injection braking in order to control the stopping of the car.
- 3. The flux vector drive shall utilize encoder feedback to regulate hoist motor speed. The encoder shall be mounted to the motor shaft.
- D. The controller shall be UL, ETL or CSA listed, and shall meet FCC part 15 subpart J limits for radio frequency interference.
- E. Provide fluorescent lighting at the front and back inside the controller cabinet. Ventilation fans shall be part of the controller cabinet.
- F. Controller manufacturer: shall be Motion Control Engineering (MCE) Model I controller, closed loop with remote diagnostics and shall be compatible with the existing U of M system or Galaxy Controls by GAL. All system shall have remote diagnostics campus view.
- G. Drives: Provide as recommended and approved by controller manufacture.
- H. Elevator controller is to be factory equipped with provisions for emergency power connections.
- I. Phase protection: Provide 3-phase power monitor for elevator power which monitors phase loss, low and high voltage, phase reversal, phase unbalance, and has both manual and automatic reset. Leave in manual position.
- J. Elevator contractor shall obtain necessary variances to address the reaction toe guard and provide safety switches in the safety loop that will prevent the elevator from running should the toe guard not extend or retract as applicable when leaving or approaching the lowest landing, if contractor has the ability to provide another guaranteed method to address safety concerns with a shorter toe guard and will approved by the State of Michigan Elevator Safety Division then the university will consider this option.
- K. Auxiliary Operations:
  - 1. Firefighter's Service:
    - a. The following operation is for the use of firemen and other authorized personnel per ASME A17.1.
    - b. Automatic passenger elevators shall conform to the following:

UNIV. of MICH.  
PROJECT SPECIFICATION



ARCHITECT  
U-M AEC

326 E. HOOVER ANN ARBOR, MI

GENERAL CONTRACTOR  
A.Z. SHMINA, INC.

11711 GRAND RIVER RD. BRIGHTON, MI

ONE ELECTRIC TRACTION  
PASSENGER ELEVATOR FOR

UM MODERN LANGUAGES BLDG.  
ELEVATORS NO. 1 & 2

812 E. WASHINGTON ANN ARBOR, MI

CAPACITY 2500 LBS. EACH  
SPEED 250 FPM  
POWER 208 V - 3 $\phi$  - 60 HZ  
OPERATION DUPLEX SEL.-COL.

DETROIT ELEVATOR COMPANY  
2121 BURDETTE STREET  
FERNDALE, MICHIGAN 48220

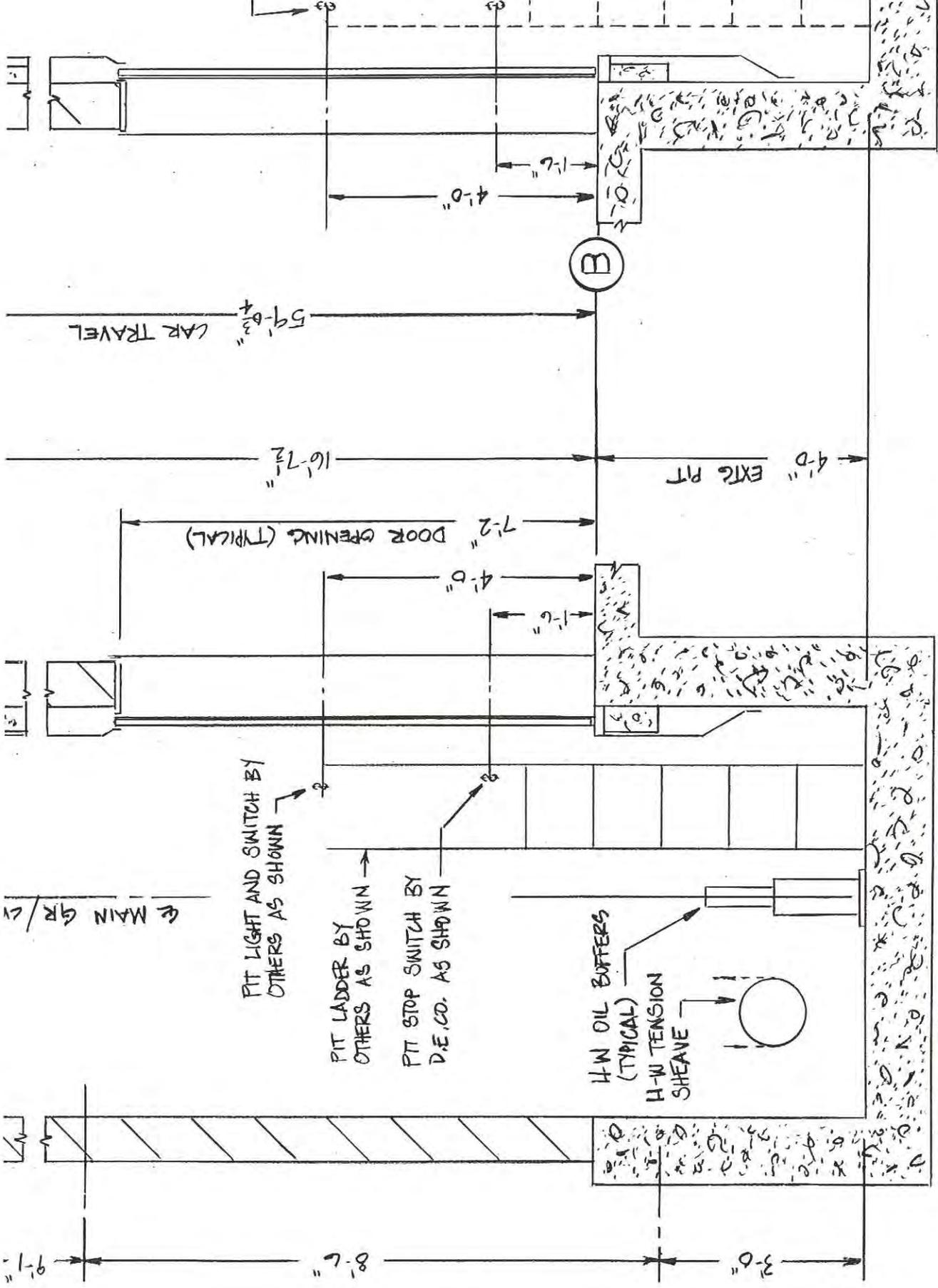
DRAWN BY: MATTHEW LEMBAS 3 - 1 - 13

REV.	BY	DESCRIPTION	DATE
$\Delta$	ML	DECREASED DROP TO DROP, MOVE CNT INTO HOISTWAY REVISE TERMS BY OTHERS	

JOB NUMBER

NE - 4672 - 73 - P

SHEET: 2 OF 2



SECTION A-A  
 SCALE: 1/2" = 1'-0"

\* FLOOR TO FLOOR TRAVEL  
 LEVEL 'B' TO LEVEL '1'  
 16'-7 1/2"

ELEVATOR G1

# Application for Elevator Installation Permit

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

OFFICE USE ONLY	
STATE SERIAL NUMBER	34585
PERMIT NUMBER	75547
PERMIT APPROVED BY	DATE
<i>[Signature]</i>	3/1/13

FORMS AND BLUE PRINTS MUST BE SUBMITTED IN TRIPLICATE

Authority: 1967 PA 227 Completion: Mandatory Penalty: \$50.00	The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.
---	--

**BILLING INFORMATION**

ELEVATOR LOCATION (BUILDING NAME)  
 U of M Modern Languages Building, Washenaw (81) COUNTY

LOCATION (ADDRESS) CITY ZIP CODE  
 812 E. Washington Ann Arbor 48109

BILLING INFORMATION (OWNER OR DESIGNATED AGENT) BILLING ADDRESS CITY STATE ZIP CODE  
 U of M AEC 326 E. Hoover Ann Arbor MI 48109

TYPE OF DEVICE MANUFACTURED BY MANUFACTURER'S NUMBER  
 pass Detroit Elevator Company (200) NE-4673-P

TYPE OF CONTROL CAPACITY RATED SPEED RISE OF CAR NUMBER OF LANDINGS  
 Duplex sel-col 2500 LBS 250 FPM 59 FT 0 IN 5

**CAR**

HOW OPERATED FROM CAR FROM LANDING DESTINATION - ORIENTED ELEVATOR SYSTEM  
 HAND ROPE  CAR SWITCH  AUTO  PUSH BUTTON pushbutton  YES  NO

SIZE OF PLATFORM (INSIDE) NUMBER OF CAR ENTRANCES SAFE EDGE ELECTRIC EYE  
 53" x 72"  1  2  3  YES  NO  YES  NO

POWER OPERATED DOOR REOPENING DEVICE CAR DOORS OR GATES POWER OPERATED  
 PROXIMITY  INFRARED  OTHER  YES  NO

HOISTWAY DOORS ARE EMERGENCY EXITS  
 SEQUENCE  SIMULTANEOUSLY  CAR TOP HINGED  CAR TOP REMOVABLE  SIDE PANEL

EMERGENCY EXIT ELECTRIC CONTACT TYPE OF CAR SAFETY DEVICE  
 YES  NO  A  B  C  OTHER

POWER DOOR OPERATOR (MANUFACTURER'S NAME) EMERGENCY CALL  
 G.A.L.  BELL  TELEPHONE  OTHER

CABLES		HOISTING	GOVERNOR	COMPENSATION	DIAMETER OF SHEAVES		CAR	COUNTERWEIGHT		
NUMBER	4		1		DEFLECTOR	25"				
DIAMETER	.625"		.375"							
MATERIAL	t/s.		t.s.		SLACK CABLE DEVICE LOCATION					
CONSTRUCTION	8x19		8x19		<input checked="" type="checkbox"/> CAR	<input type="checkbox"/> MACHINE	<input type="checkbox"/> NONE	<input type="checkbox"/> OTHER		
ROPING					FASTENINGS					
<input checked="" type="checkbox"/> SINGLE WRAPPED 1 TO 1		<input type="checkbox"/> DOUBLE WRAPPED 1 TO 1		<input type="checkbox"/> TAPERED SOCKETS					<input type="checkbox"/> CLIPS	<input checked="" type="checkbox"/> WEDGE CLAMP
<input type="checkbox"/> SINGLE WRAPPED 2 TO 1		<input type="checkbox"/> DOUBLE WRAPPED 2 TO 1								

**MACHINE ROOM**

LOCATION SELF CLOSING SELF LOCKING DOOR PROVIDED  
 OVERHEAD  BASEMENT  FIRST FLOOR  OTHER  YES  NO

MACHINE ROOM FULLY ENCLOSED MACHINE TYPE POWER  
 YES  NO 1.  CABLE 3.  ROPED HYDRAULIC 5.  OTHER 1.  ELECTRIC  
 2.  DIRECT PLUNGER HYDRAULIC 4.  HAND POWER 2.  HAND POWER

TYPE OF DRIVE TYPE OF BREAK TYPE OF BRAKE (RELEASED) DIAMETER OF SHEAVES/SPROCKETS/PULLEYS  
 gearless disc drum DRUM \_\_\_\_\_ INCHES TRACTION 25 INCHES

TYPE OF GOVERNOR AND LOCATION GOVERNOR TRIPPING SPEED GOVERNOR OVERSPEED SWITCH PHASE PROTECTION  
 centrifugal/machine room 337 FPM  YES  NO  YES  NO

H.P. ELECTRIC MOTOR VOLTAGE OPERATING DEVICE VOLTAGE DIAMETER OF PLUNGER MFG OF PUMP  
 24 208v  A.C.  D.C. 115v  A.C.  D.C. \_\_\_\_\_ INCHES

FULLY EXPOSED CYLINDER CYLINDER PROTECTION TYPE SHUTOFF VALVE LOCATION OVERSPEED VALVE  
 YES  NO  PIT  MACHINE ROOM  OTHER  YES  NO

**CONTRACTOR SIGNATURE**

CONTRACTOR'S COMPANY NAME AND BRANCH OFFICE (CITY) Detroit Elevator Company (200)	CONTRACTOR LICENSE NUMBER 2100760	PERMIT FEE \$ 385.00
CONTRACTOR'S SIGNATURE	DATE 3-1-13	

# Application for Elevator Installation Permit

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

OFFICE USE ONLY	
STATE SERIAL NUMBER	345810
PERMIT NUMBER	75548
PERMIT APPROVED BY	DATE
/s/	3-17-13

**FORMS AND BLUE PRINTS MUST BE SUBMITTED IN TRIPLICATE**

Authority: 1967 PA 227	The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.
Completion: Mandatory	
Penalty: \$50.00	

**BILLING INFORMATION**

ELEVATOR LOCATION (BUILDING NAME) <b>U of M Modern Language Building</b>		COUNTY <b>Washtenaw (81)</b>	
LOCATION (ADDRESS) <b>812 E. Washington</b>		CITY <b>Ann Arbor</b>	
BILLING INFORMATION (OWNER OR DESIGNATED AGENT) <b>U of M AEC</b>		BILLING ADDRESS <b>326 E. Hoover</b>	
TYPE OF DEVICE <b>pass</b>		MANUFACTURER'S NUMBER <b>N8-4672-P</b>	
TYPE OF CONTROL <b>Duplex col-sel</b>		CAPACITY <b>2500</b> LBS	
RATED SPEED <b>250</b> FPM		RISE OF CAR <b>59</b> FT <b>0</b> IN	
NUMBER OF LANDINGS <b>5</b>		CITY <b>Ann Arbor</b>	
STATE <b>MI</b>		ZIP CODE <b>48109</b>	

**CAR**

HOW OPERATED FROM CAR <input type="checkbox"/> HAND ROPE <input type="checkbox"/> CAR SWITCH <input type="checkbox"/> AUTO <input checked="" type="checkbox"/> PUSH BUTTON		FROM LANDING <b>push button</b>	DESTINATION - ORIENTED ELEVATOR SYSTEM <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SIZE OF PLATFORM (INSIDE) <b>52" x 72"</b>	NUMBER OF CAR ENTRANCES <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	SAFE EDGE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	ELECTRIC EYE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
POWER OPERATED DOOR REOPENING DEVICE <input type="checkbox"/> PROXIMITY <input checked="" 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 checked="" type="checkbox"/> SIMULTANEOUSLY		EMERGENCY EXITS <input type="checkbox"/> CAR TOP HINGED <input checked="" type="checkbox"/> CAR TOP REMOVABLE <input type="checkbox"/> SIDE PANEL	
EMERGENCY EXIT ELECTRIC CONTACT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TYPE OF CAR SAFETY DEVICE <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> OTHER	
POWER DOOR OPERATOR (MANUFACTURER'S NAME) <b>G.A.L.</b>		EMERGENCY CALL <input checked="" type="checkbox"/> BELL <input checked="" type="checkbox"/> TELEPHONE <input type="checkbox"/> OTHER	

**CABLES**

NUMBER	HOISTING	GOVERNOR	COMPENSATION	DIAMETER OF SHEAVES	
	<b>4</b>	<b>1</b>		DEFLECTOR	CAR
DIAMETER	<b>.625</b>	<b>.375</b>		<b>25"</b>	COUNTERWEIGHT
MATERIAL	<b>t.s.</b>	<b>t.s.</b>		SLACK CABLE DEVICE LOCATION	
CONSTRUCTION	<b>8x19</b>	<b>8x19</b>		<input checked="" type="checkbox"/> CAR <input type="checkbox"/> MACHINE <input type="checkbox"/> NONE <input type="checkbox"/> OTHER	
ROPING			FASTENINGS		
<input checked="" type="checkbox"/> SINGLE WRAPPED 1 TO 1 <input type="checkbox"/> DOUBLE WRAPPED 1 TO 1			<input type="checkbox"/> TAPERED SOCKETS <input type="checkbox"/> CLIPS <input checked="" type="checkbox"/> WEDGE CLAMP		
<input type="checkbox"/> SINGLE WRAPPED 2 TO 1 <input type="checkbox"/> DOUBLE WRAPPED 2 TO 1					

**MACHINE ROOM**

LOCATION <input checked="" type="checkbox"/> OVERHEAD <input type="checkbox"/> BASEMENT <input 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 checked="" type="checkbox"/> CABLE 2. <input type="checkbox"/> DIRECT PLUNGER HYDRAULIC 3. <input type="checkbox"/> ROPED HYDRAULIC 5. <input type="checkbox"/> OTHER		POWER 1. <input checked="" type="checkbox"/> ELECTRIC 2. <input type="checkbox"/> HAND POWER
TYPE OF DRIVE <b>gearless</b>	TYPE OF BRAKE <b>disc</b>	TYPE OF BRAKE (RELEASED) <b>drum</b>	DIAMETER OF SHEAVES/SPROCKETS/PULLEYS DRUM _____ INCHES TRACTION <b>25"</b> INCHES
TYPE OF GOVERNOR AND LOCATION <b>centrifugal/machine room</b>	GOVERNOR TRIPPING SPEED <b>337</b> FPM	GOVERNOR OVERSPEED SWITCH <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PHASE PROTECTION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
H.P. <b>24</b>	ELECTRIC MOTOR VOLTAGE <b>208v</b> <input checked="" type="checkbox"/> A.C. <input type="checkbox"/> D.C.	OPERATING DEVICE VOLTAGE <b>115v</b> <input checked="" type="checkbox"/> A.C. <input type="checkbox"/> D.C.	DIAMETER OF PLUNGER _____ INCHES
MFG OF PUMP	FULLY EXPOSED CYLINDER <input 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 type="checkbox"/> YES <input type="checkbox"/> NO			

**CONTRACTOR SIGNATURE**

CONTRACTOR'S COMPANY NAME AND BRANCH OFFICE (CITY) <b>Detroit Elevator Company, Ferndale, MI</b>	CONTRACTOR LICENSE NUMBER <b>2100760</b>	PERMIT FEE <b>\$ 385.00</b>
CONTRACTOR'S SIGNATURE	DATE <b>3-1-13</b>	



RICK SNYDER  
GOVERNOR

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

STEVEN H. HILFINGER  
DIRECTOR

June 24, 2013

Mr. Joseph Steger  
Field Operations Manager  
Otis Elevator Company  
25365 Interchange Court  
Farmington Hills, MI 48335

Subject: Variance request from ASME A17.1-2007 Sec. for General Motors, Powertrain,  
895 Joslyn Rd. Pontiac, MI. Alteration Permit #71350 (State Serial #2198).

Dear Mr. Steger:

At the last Elevator Safety Board meeting the Board discussed March 23, 2012 the date this variance request was first made to the Board. The Board realizes there has been a change in personnel at Otis; however, they feel the request has gone on to long without a resolution.

Therefore; the Elevator Safety Board has directed me to inform you that a solution must be presented along with testing documentation for the device by the next Board meeting. If no solution is presented at the August 23, 2013 Elevator Safety Board meeting the elevator will be sealed out of service.

If you have any questions, please contact me at (517) 241-9337.

Sincerely,

Calvin W. Rogler, Chief  
Elevator Safety Division

Cc Mr. Kenneth P. Litteral Otis Elevator Company Lansing, MI

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



RICK SNYDER  
GOVERNOR

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

STEVEN H. HILFINGER  
DIRECTOR

June 24, 2013

Mr. David Paxson  
Branch Manager  
Kone Inc.  
11864 Belden Court  
Livonia, MI 48150

Subject: Variance request from ASME A17.1-2007 Edition, Section 2.1.2.2 for ground water in the elevator pit at 1500 West Big Beaver Avenue, Troy, MI.

Dear Mr. Paxson:

At the last Elevator Safety Board meeting the Board discussed January 18, 2013 the date this variance request was first made to the Board. The Board continued the postponement to the next Board meeting.

The Elevator Safety Board has directed me to inform you that a solution must be presented at the next Board meeting. If no solution is presented at the August 23, 2013 Elevator Safety Board meeting the Board will move forward with an appropriate action.

If you have any questions, please contact me at (517) 241-9337.

Sincerely,

Calvin W. Rogler, Chief  
Elevator Safety Division

*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

**Otis Elevator Company**

5 Farm Springs Road  
Farmington CT  
06032  
Tel: 860-676-6459



**Otis**

A United Technologies Company

July 15, 2013

Calvin Rogler  
Chief Inspector  
Elevator Safety Division  
Bureau of Construction Codes  
P.O. Box 30254  
Lansing, MI 48909

Dear Mr. Rogler,

Otis Elevator Company is requesting to give a 30 minute presentation to the LARA Elevator Safety Board for the State of Michigan on August 23<sup>rd</sup> 2013. The topic is the Otis IVR (Otisline) system for acceptance and use in the State of Michigan. This will be a brief presentation on the benefits of the IVR system, an update on the A17 interpretation Michigan requested and a question and answer period. I would be appreciative if you would put Otis on the meeting agenda.

Should you require further documentation or have questions I can be reached at [barry.blackaby@otis.com](mailto:barry.blackaby@otis.com) or by telephone at 860-676-6459.

  
Regards Barry Blackaby

Manager of Worldwide Electrical Codes  
Otis Elevator Company

**DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS**

Bureau of Construction Codes

Elevator Safety Division

2501 Woodlake Circle

Okemos, MI 48864

(517) 241-9337

**2014**

**Schedule of Elevator Safety Board Meetings  
And Licensing Examinations**

**ELEVATOR SAFETY BOARD MEETINGS**

<u>DATE</u>	<u>LOCATION</u>	<u>TIME</u>	<u>APPLICATION DEADLINE</u>
Friday, January 24, 2014	Okemos, Conf 3	9:30 a.m.	December 27, 2013
Friday, March 28, 2014	Okemos, Conf 3	9:30 a.m.	February 28, 2014
Friday, June 6, 2014	Okemos, Conf 3	9:30 a.m.	May 10, 2014
Friday, August 22, 2014	Okemos, Conf 3	9:30 a.m.	July 25, 2014
Friday, November 7, 2014	Okemos, Conf 3	9:30 a.m.	October 10, 2014

**CONTRACTOR, JOURNEYPerson, AND CERTIFICATE OF COMPETENCY EXAMS**

Pending review and approval by the Elevator Safety Board

<u>DATE</u>	<u>LOCATION</u>	<u>TIME</u>	<u>APPLICATION DEADLINE</u>
Friday, January 24, 2014	Okemos, Conf 2	9:30 a.m.	December 27, 2013
Friday, March 28, 2014	Okemos, Conf 2	9:30 a.m.	February 28, 2014
Friday, June 6, 2014	Okemos, Conf 2	9:30 a.m.	May 10, 2014
Friday, August 22, 2014	Okemos, Conf 2	9:30 a.m.	July 25, 2014
Friday, November 7, 2014	Okemos, Conf 2	9:30 a.m.	October 10, 2014

**Mailing address: LARA/BCC/Elevator Safety  
PO Box 30255  
Lansing MI 48909**

The meeting site and parking are accessible. Individuals attending the meeting are requested to refrain from using heavily scented personal care products, in order to enhance accessibility for everyone. People with disabilities requiring additional services (such as materials in alternative format) in order to participate in the meeting should call Lynn Weston at (517) 241-9337 at least 10 work days before the event. LARA is an equal opportunity employer/program.