



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

November 1, 2013

9:30 a.m.

1. Call to Order and Determination of Quorum
2. Approval of Agenda (Pages 1-2)
3. Approval of Minutes – August 23, 2013 (Pages 3-8)
4. Review of Elevator Certificate of Competency Examination Applications:
 - a. Edwin R. Vogl, General Inspector (Pages 9-11)
 - b. Dennis Keeley, General Inspector Re-Exam (Pages 12-18)
5. Review of Elevator Contractor Examination Applications:
 - a. James C. Cole, Jr., Class C (Pages 19-22)
 - b. Brian Matson, Class A Re-Exam (Pages 23-26)
6. Review of Elevator Journeyman Examination Applications:
 - a. William C. Brown, Class A (Pages 27-31)
 - b. Daniel N. Crosby, Sr., Class A (32-35)
 - c. Matthew A. Harvey, Class A (Pages 36-40)
 - d. David Kowalski, Class A (Pages 41-45)
 - e. Terry J. Lawrence, Class C (Pages 46-52)
 - f. Michael McClanahan, Class A (Pages 53-57)
 - g. Arnim Werner Seeger, Class B (Pages 58-73)

Providing for Michigan's Safety in the Built Environment

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



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7. Waiver Requests

- a. Detroit Elevator Co., University of Michigan, Modern Languages Building, Ann Arbor, Michigan. (Pages 74-88)

8. Unfinished Business

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

9. Legislative Update

10. Division Report

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

11. New Business

12. Public Comment

13. Next Meeting Date – January 24, 2014

14. Adjournment

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

MINUTES
August 23, 2013
9:30 a.m.

MEMBERS PRESENT

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

MEMBERS ABSENT

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

DEPARTMENT PERSONNEL ATTENDING

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

OTHERS IN ATTENDANCE

Mr. Michael Ross, Schindler Elevator Co.
Mr. Brian Schmidt, Schindler Elevator Co.
Mr. Joseph McNally, McNally Elevator Co.
Mr. Robert Shepherd, Otis Elevator Co.
Ms. Lisa Ouellette, Otis Elevator Co.
Mr. Barry Blackaby, Otis Elevator Co.
Mr. Mike Kollen, JK Construction
Mr. David Paxon, Kone Inc.

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

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

2. **APPROVAL OF AGENDA**

A **MOTION** was made by Board member David Kuras and seconded by Board member Mark A. Smith to amend the agenda as follows: Item's 5 and 6 to follow item 3 with the removal of Michael McClanahan from item 4. **MOTION CARRIED.**

3. **APPROVAL OF MINUTES**

The following amendments were noted:

- Page 3 of 6, the motion incorrectly indicates that Michael Kinsella was approved to take the "Class A Contractor" examination, this was corrected to read "Class C Contractor" examination.
- Page 4 of 6, variance request for Elevator Solutions, the statement "MOTION CARRIED" had been omitted, this was corrected.

A **MOTION** was made by Board member David Kuras and seconded by Board member William Kogelschatz to accept the amended minutes of the June 7, 2013 board meeting as follows: **MOTION CARRIED.**

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

a. Dennis Keeley, General Inspector

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

b. Glenn Moldovan, General Inspector

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

5. REVIEW OF ELEVATOR CONTRACTOR APPLICATIONS:

- a. Jason Gwin, Class A

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

- b. Jeffrey L. Jameson, Class A, Re-Exam

Following a review of experience and discussion by the board, a **MOTION** was made by Board member William Kogelschatz and seconded by Board member David Kuras to approve Jeffrey L. Jameson to take the Class A Contractor examination. **MOTION CARRIED.**

- c. Ralph Moeller, Class A

Following a review of experience and discussion by the board, a **MOTION** was made by Board member William Kogelschatz and seconded by Board member David Kuras to deny Ralph Moeller to take the Class A Contractor examination. **MOTION CARRIED.**

A **MOTION** was made by Board member David Kuras and seconded by Board member Mark A. Smith to allow the applicants for Certificate of Competency and Elevator Contractor examinations to proceed with testing. **MOTION CARRIED.**

6. REVIEW OF ELEVATOR JOURNEYPERSON APPLICATIONS:

- a. Damir Delic, Class A – (Passed)

Following a review of experience and discussion by the board, a **MOTION** was made by Board member William Kogelschatz and seconded by Board member David Kuras to approve Damir Delic to take the Class A Journeyman examination. **MOTION CARRIED.**

- b. Brian Hadden, Class A – (Passed)

Following a review of experience and discussion by the board, a **MOTION** was made by Board member William Kogelschatz and seconded by Board member Mark A. Smith to approve Brian Hadden to take the Class A Journeyman examination. **MOTION CARRIED.**

- c. Luke Klida, 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 Luke Klida to take the Class A Journeyman examination. **MOTION CARRIED.**

d. Michael A. Kuderick, Class A

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

e. Ryan L. Shuring, Class A

Following a review of experience and discussion by the board, a **MOTION** was made by Board member William Kogelschatz and seconded by Board member David Kuras to approve Ryan L. Shuring to take the Class A Journeyman examination. **MOTION CARRIED.**

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

7. WAIVER REQUESTS

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

Due to their close affinity to University of Michigan and Detroit Elevator Co, Chairperson David Flint and Board member Donald J. Purdie, Jr. would need to recuse themselves thereby negating a quorum.

A **MOTION** was made by Board Member Donald J. Purdie, Jr. and seconded by Board member William Kogelschatz to postpone the above variance request until the next board meeting due to the lack of a quorum. **MOTION CARRIED.**

8. UNFINISHED BUSINESS

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

Request has been made by Otis Elevator Co. for a variance from ASME A17.1 sec 8.7.2.27.5(h) regarding ascending car overspeed.

Per Chief Rogler, the above issue has been resolved. The support has been modified and the rope gripper has been installed. These changes have been inspected and approved by a State of Michigan General Inspector.

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

Variance Request: A request had been made by Kone Inc. for a variance from American Society of Mechanical Engineers A17.1-2007, Section 2.1.2.2, Construction at Bottom of Hoistway.

A **MOTION** was made by Board member Donald J. Purdie, Jr. and seconded by Board member David Kuras to allow the applicant to proceed with shallow well sump pump with the following requirements:

- Guarding around the sump pump shall be painted the appropriate color for safety identification.
- Building owner must be supplied with documentation as to the board requirements of this variance.
- Variance requirements must be located in the machine room as well as on file with the elevator division via the Approval/Denial form.
- All of the above is contingent upon an acceptable inspection by the Elevator Safety Division's onsite review. **MOTION CARRIED.**

9. **LEGISLATIVE UPDATE**

Deputy Director Keith Lambert communicated that the terms for expired board member are in the process of being renewed.

10. **DIVISION REPORT**

a. Chief's Report – Mr. Rogler

New code books have been ordered
Exams are being reviewed and updated based on the new code.
Volunteers for an exam review committee will be requested at the next board meeting

b. Accident Report Reviewed –

No discussion.

11. **NEW BUSINESS**

Otis Elevator gave a presentation of the Otis IVR (Otisline) system.

12. **PUBLIC COMMENT**

None

13. **2014 ESB SCHEDULE**

A **MOTION** was made by Board member William Kogelschatz and seconded by Board member Mark A. Smith to accept the proposed schedule for the 2014 Elevator Safety Board meetings as follows, January 24, March 28, June 6, August 22, and November 7. **MOTION CARRIED.**

14. NEXT MEETING DATE

November 1, 2013

15. ADJOURNMENT

A **MOTION** was made by Board member William Kogelschatz and seconded by Board member Mark A. Smith to adjourn the meeting at approximately 11:34 a.m. **MOTION CARRIED.**

APPROVED: _____

Chair, Elevator Safety Board

Date

DRAFT

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	9.26.13
<input type="checkbox"/> REJECTED	INITIALS
	LMB
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

Tran Info: 183 18957708-1 09/24/13
 Chk#: [REDACTED] Amt: \$50.00
 ID: LYNN M VOGL

APPLICANT INFORMATION

TYPE	
<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
NAME	SOCIAL SECURITY NUMBER*
Edwin R. Vogl	[REDACTED]
ADDRESS	TELEPHONE
[REDACTED]	[REDACTED]
CITY	STATE
[REDACTED]	MI
ZIP	
[REDACTED]	
Do you currently hold an elevator contractor license?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Class <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C License No. <u>2103351</u>
Do you currently hold an elevator journeyman license?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Class <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C License No. <u>2200215</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?	IF YOU HAVE NOT COMPLETED HIGH SCHOOL, HAVE YOU TAKEN THE G.E.D. TEST TO EARN HIGH SCHOOL EQUIVALENCY?
<input checked="" type="checkbox"/> Yes, Year <u>1978</u> <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIGH SCHOOL	
<u>Owosso High</u>	
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING)	
SPECIAL TRAINING	
<u>Currently hold residential builder's license</u>	

*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)

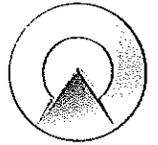
State definitively your qualifying installation and servicing experience on equipment, similar to that for which license is required. Give names and addresses of firms with whom employed, duties, length of service and dates of employment. Present available documentary evidence to substantiate experience.

NAME OF PRESENT OR LAST EMPLOYER Schindler Elevator Corp.			DATES EMPLOYED (Month / Day / Year)	
ADDRESS 2029 S. Elms Rd			CITY Swartz Creek	STATE MI
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) Journeyman			YOUR SUPERVISOR'S NAME AND TITLE Mark Pawlawski, Service Supt.	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Maintenance, Service and Repair, Modernization				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Dumb waitors, BFLD, SED's				
Traction (geared, gearless) Hydraulic (direct, roped) Stage Lift, Escalators				
NAME OF PREVIOUS EMPLOYER Kone Inc.			DATES EMPLOYED (Month / Day / Year)	
ADDRESS 11864 Belden Ct.			CITY Livonia	STATE MI
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) Apprentice			YOUR SUPERVISOR'S NAME AND TITLE Norm Price - Supervisor	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Maintenance Service and Repair				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Same as listed on current employer				
NAME OF PREVIOUS EMPLOYER Dover Elevator (Thyssen Krupp)			DATES EMPLOYED (Month / Day / Year)	
ADDRESS 13321 Cloverdale St.			CITY Oak Park	STATE MI
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) A Probationary Helper			YOUR SUPERVISOR'S NAME AND TITLE Mel Williams - Constuc. Supt.	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) New Elevation Construction				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Frt. 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.	
SIGNATURE OF APPLICANT Alan A. Bogal	DATE 9-11-13



Schindler

September 16, 2013

To Whom it may Concern,

This letter is to confirm that Ed Vogl is currently employed by Schindler Elevator Corporation. Ed has been working at Schindler for 29 years of continuous employment. Ed is currently a route service mechanic in the Flint area working in the local 85 of the IUEC. Ed has worked on and is familiar with most types of vertical transportation equipment.

Ed is in good standing with the company and has had no disciplinary issues. Customers and fellow employees alike view Ed as an excellent elevator technician who provides quality and knowledgeable services to his customers.

Please feel free to contact me with any questions you may have.

Sincerely,

Brett A. Cone
Account Manager
Schindler Elevator Corporation
3135 Pine Tree R.
Lansing, MI 48911
(517) 272-1234 x 211

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

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

OFFICE USE ONLY

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

EXAMINATION FEE: \$50.00 (nonrefundable)

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

IMPORTANT - READ CAREFULLY

- This application must be on file in the office of the Elevator Safety Division, Department of Licensing and Regulatory Affairs, Bureau of Construction Codes, P.O. Box 30255, Lansing, Michigan, 48909, on or before the twentieth day proceeding the date of the examination.
- 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 18937203-1 10/07/13
Chk#: 4857 Amt: \$60.00
ID: DENNIS KEELEY

APPLICANT INFORMATION

TYPE	
<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
NAME	SOCIAL SECURITY NUMBER
Dennis Keeley	[REDACTED]
CITY	STATE
[REDACTED]	MI
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. <u>2200154</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?	IF YOU HAVE NOT COMPLETED HIGH SCHOOL, HAVE YOU TAKEN THE G.E.D. TEST TO EARN HIGH SCHOOL EQUIVALENCY?
<input checked="" type="checkbox"/> Yes, Year <u>1976</u> <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIGH SCHOOL	
Durand High School	
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING)	
SPECIAL TRAINING	

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

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

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

NAME OF PRESENT OR LAST EMPLOYER B & D Elevator Services Inc.			DATES EMPLOYED (Month / Day / Year)	
ADDRESS 1820 N Hickory			FROM: 01-25-13	TO: 01-25-13
CITY OWASSO	STATE MI			
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) Journey Person		YOUR SUPERVISOR'S NAME AND TITLE Paul VanFlatten OWNER		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) unload truck				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) lev unit				
NAME OF PREVIOUS EMPLOYER Lardner Elevator Co			DATES EMPLOYED (Month / Day / Year)	
ADDRESS 729 Meldrum St			FROM: 06-26-12	TO: 08-02-12
CITY Detroit	STATE MI			
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) Mec-helper		YOUR SUPERVISOR'S NAME AND TITLE Dave Lardner owner		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) mod				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) 3-step Hydro				
NAME OF PREVIOUS EMPLOYER KONE			DATES EMPLOYED (Month / Day / Year)	
ADDRESS 11864 Belden Ct			FROM: 02-08-10	TO: 05-23-11
CITY Livonia	STATE MI			
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) Mechanic		YOUR SUPERVISOR'S NAME AND TITLE Scott Norley operation Sup.		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Maintenance - Service - Repair				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Traction, Hydro, Escalator, stage Lift and Dumbwaiter				

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 02-21-13

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

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

NAME OF PRESENT OR LAST EMPLOYER <i>Metro Elevator Co.</i>			DATES EMPLOYED (Month / Day / Year)	
ADDRESS <i>3110 N. Ritter Ave.</i>			FROM: <i>01-25-10</i>	TO: <i>02-07-10</i>
CITY <i>Indianapolis</i>		STATE <i>IN</i>		
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) <i>Mechanic</i>		YOUR SUPERVISOR'S NAME AND TITLE <i>Greg 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 (gearing, 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>			FROM: <i>04-16-09</i>	TO: <i>06-29-09</i>
CITY <i>Parmington Hills</i>		STATE <i>Mi</i>		
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) <i>Journey Person - Adjuster</i>		YOUR SUPERVISOR'S NAME AND TITLE <i>Rich Cambell mod. supi</i>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>Modr, Service, Maintenance and Adjuster</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (gearing, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>Gearred - Hydro</i>				
NAME OF PREVIOUS EMPLOYER <i>Thyssen Krupp Elevator</i>			DATES EMPLOYED (Month / Day / Year)	
ADDRESS <i>284 Snow Dr.</i>			FROM: <i>01-30-09</i>	TO: <i>03-22-09</i>
CITY <i>Homewood</i>		STATE <i>Alabama</i>		
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) <i>Journey Person</i>		YOUR SUPERVISOR'S NAME AND TITLE <i>Ron Chapman construction supi</i>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>New Elevator Construction</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (gearing, 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>D. Stubby</i>	DATE <i>02-21-13</i>

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

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

NAME OF PRESENT OR LAST EMPLOYER <i>Thyssen Krupp Elevator</i>			DATES EMPLOYED (Month / Day / Year)	
ADDRESS <i>13321 Cloverdale ST</i>			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 Kearns construction SUP.</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 mant. 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>Dis Thaly</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>			<i>4-10-82 3-19-83</i>	
STATE <i>Mi</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>			<i>2-13-78 4-8-82</i>	
STATE <i>Mi</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>Den Nally</i>	DATE <i>02-24-13</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>ON File</i>			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.)				
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>Dennis Keeley</i>	DATE <i>10-04-2013</i>

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	10-01-13
<input type="checkbox"/> REJECTED	INITIALS
BOARD ACTION	DATE
<input type="checkbox"/> APPROVED	
<input type="checkbox"/> REJECTED	

EXAMINATION FEE: \$100.00 (nonrefundable)

Authority: 1957 PA 227	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
Completion: Mandatory As Required By Section 12	
Penalty: Examination Will Not Be Given	

IMPORTANT - READ CAREFULLY

- This application must be on file in the office of the Elevator Safety Division, Department of Licensing and Regulatory Affairs, Bureau of Construction Codes, P.O. Box 30255, Lansing, Michigan, 48909, on or before the twentieth day proceeding the date of the examination.
- The applicant shall be in a position to submit sufficient information relative to his/her experience, integrity and responsibility.
- Applicant must have at least 5 years of experience as an elevator constructor or 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 *Failed written before instructor*

APPLICANT INFORMATION

CLASS		
<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C - Device Type <i>SCR Contractor only</i>
NAME		SC# [REDACTED]
<i>JAMES C. COLE JR.</i>		
ADDRESS		TELEPHONE NUMBER [REDACTED]
CITY	STATE	ZIP CODE
[REDACTED]	<i>MICH</i>	[REDACTED]

COMPANY REPRESENTING

COMPANY NAME		
<i>ACORN STAIRLIFTS USA</i>		
ADDRESS		BUSINESS TELEPHONE NUMBER (Include Area Code)
<i>7335 Lake Ellenor DR</i>		<i>888-563-0410</i>
CITY	STATE	ZIP CODE
<i>Ocala, FL</i>	<i>FLA</i>	<i>32809</i>

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

NAME			NAME		
<i>DEANIS Butcher</i>			<i>J.P. Swadlow</i>		
ADDRESS			ADDRESS		
[REDACTED]			[REDACTED]		
CITY			CITY		
STATE			STATE		
ZIP CODE			ZIP CODE		

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

Trans Info: 180 18024455-1 07/29/13
 CHARGES: [REDACTED] Amt: \$100.00
 ID: JAMES C. COLE JR

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.

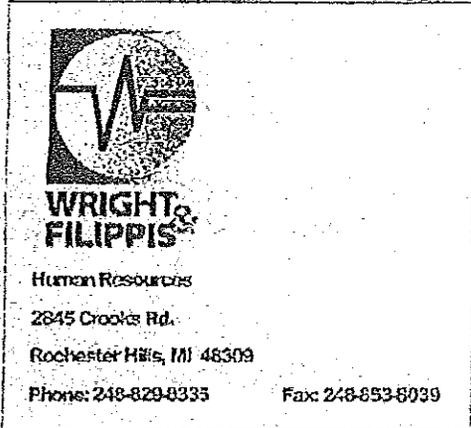
NAME OF PRESENT OR LAST EMPLOYER <i>ACOM STARLIFTS USA.</i>			DATES EMPLOYED (Month / Day / Year) FROM: <i>JAN 2013</i> TO: <i>Present</i>	
ADDRESS <i>7335 Lake Ellenor</i>	CITY <i>Orlando</i>	STATE <i>FLA</i>		
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) <i>JOURNEY PERSON</i>		YOUR SUPERVISOR'S NAME AND TITLE <i>BRUCE TROMBLEY MANAGER USA</i>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>INSTALL, REPAIR, INSPECTIONS STATE</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>STARLIFTS</i>				
NAME OF PREVIOUS EMPLOYER <i>ADAPTIVE ENVIRONMENTS</i>			DATES EMPLOYED (Month / Day / Year) FROM: <i>2012</i> TO: <i>2012</i>	
ADDRESS <i>43600 Utica RD</i>	CITY <i>Sterling HTS</i>	STATE <i>MI</i>		
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) <i>INSTALLER</i>		YOUR SUPERVISOR'S NAME AND TITLE <i>MARK BOZLEY</i>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>INSTALL, REPAIRS, ELEVATOR, STAIRLIFT, VPL, PLATFORM LIFTS</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>HYDRO RES ELEVATORS, STARLIFTS</i>				
NAME OF PREVIOUS EMPLOYER <i>WRIGHT & FILIPPIS</i>			DATES EMPLOYED (Month / Day / Year) FROM: <i>1988</i> TO: <i>2006</i>	
ADDRESS <i>2845 CROOKS RD</i>	CITY <i>ROCHESTER</i>	STATE <i>MICH</i>		
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) <i>INSTALLER</i>		YOUR SUPERVISOR'S NAME AND TITLE <i>TONY FILIPPIS</i>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>INSTALL, REPAIR, INSPECTIONS</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>RES ELEVATOR, STARLIFTS, PLATFORM LIFTS</i>				

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

CERTIFICATION AND SIGNATURE

I certify all statements are true to the best of my knowledge and that all work shall be done according to the State of Michigan elevator law, rules and regulations adopted by the Elevator Safety Board.	
I also certify I am actively employed by the company I'm representing and that in the event of my leaving said firm, agree to immediately notify the Michigan Department Licensing and Regulatory Affairs, Bureau of Construction Codes.	
SIGNATURE OF APPLICANT <i>[Signature]</i>	DATE <i>7/31/13</i>

August 21, 2013



This is to verify that James C. Cole did work for Wright & Filippis in Rochester Hills Michigan from:

8/21/1989 to 9/25/2006

Mr. Cole worked in

Lifts- Stair Lifts

Elevator – Installs & Inspections

Ramps

Regards,

Melissa Filippis

Verified by
Melissa Filippis
Melissa Filippis
Recruitment Coord.

License: 2200933 Location: _____
 Status: ISSUED LICENSEE: COLE, JAMES C JR
 Date: 02/12/2008 Back Stop

Base Information [Update] [Exit] [Back]

Status: ISSUED Status Change Date: 02/12/2008
 Hold: _____
 Hold Date: ____/____/____
 License Type: CLASS C SPECIFIC DEVICES

Class Code(s)

1.	<u>IPL</u> INCLINED PLATFORM LIFT	Journey #: <u>2200933</u>
2.	<u>SC</u> STAIR CLIMBER	Alt Number: <u>18025</u>
3.	<u>VPL</u> VERTICAL PLATFORM LIFT	Journey: <u>COLE, JAMES C JR</u>
4.	<u>WED</u> WHEELCHAIR ELEVATING DEVICE	Address: _____
5.	_____	Zip: _____
6.	_____	Phone: _____
7.	_____	County: <u>63 OAKLAND</u>
8.	_____	
9.	_____	
10.	_____	

Applied: 01/25/2008
 Original Issue: 02/12/2008
 Effective: 01/24/2013
 Renewal: 11/02/2012
 Expires: 01/25/2014
 Late Note: 03/31/2009
 Inactive: ____/____/____

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

Licensee: State Of Michigan a, Inc. All Rights Reserved
Version: v. 5.5.16

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

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

OFFICE USE ONLY

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

EXAMINATION FEE: \$100.00 (nonrefundable)

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

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

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION? No Yes

Tran Infor: 183 16987214-1 10/07/13
 Chk#: [REDACTED] Amt: \$100.00
 YO: [REDACTED] BRYAN MATSON

APPLICANT INFORMATION

CLASS	<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C - Device Type _____	
NAME	Brian Matson	[REDACTED]
STATE	MI	[REDACTED]

COMPANY REPRESENTING

COMPANY NAME DTE Energy		
ADDRESS 1 Energy Plaza		BUSINESS TELEPHONE NUMBER (Include Area Code)
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, journeyman or equivalent.

NAME Ken Bazner	NAME Mike Crook
NAME Mike DiMambro	NAME John Masterantonio

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

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

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

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

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

CERTIFICATION AND SIGNATURE

I certify all statements are true to the best of my knowledge and that all work shall be done according to the State of Michigan elevator law, rules and regulations adopted by the Elevator Safety Board.	
I also certify I am actively employed by the company I'm representing and that in the event of my leaving said firm, agree to immediately notify the Michigan Department of Energy, Labor and Economic Growth, Bureau of Construction Codes.	
SIGNATURE OF APPLICANT Brian Matus	DATE 10/3/13

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

DTE Energy



September 20, 2013

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

Dear Gentlemen,

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

A handwritten signature in black ink, appearing to read "Michael P. DiMambro".

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

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

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

DTE Energy



September 20, 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 Brian K. Matson at DTE Energy. Brian's Class A State of Michigan Elevator Journeyman license number is # 2200703 . Brian has worked as a State of Michigan Elevator Journeyman at DTE Energy since February 4, 2009. Brian is fully qualified and licensed to perform, or to provide supervision in the performance of, the work of installation, alteration, maintenance, repair, servicing adjusting inspecting, or testing elevators at DTE Energy.


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

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

180

OFFICE USE ONLY

<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED	DATE <u>10-4-13</u>
	INITIALS <u>LMB</u>

EXAMINATION FEE: \$100.00 (nonrefundable)

Authority: 1978 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 Infr: 100 10923943-1 10/01/13
 Chk#: [REDACTED] Amt: \$100.00
 TO: WILLIAM BROWN

APPLICANT INFORMATION

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

EDUCATION AND TRAINING

CHECK THE HIGHEST GRADE COMPLETED			
<input type="checkbox"/> 6 or Less	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input checked="" type="checkbox"/> 12	
DID YOU GRADUATE?		IF YOU HAVE NOT COMPLETED HIGH SCHOOL, HAVE YOU TAKEN THE G.E.D. TEST TO EARN HIGH SCHOOL EQUIVALENCY?	
<input checked="" type="checkbox"/> Yes, Year <u>1984</u>		<input type="checkbox"/> No	
NAME AND ADDRESS OF HIGH SCHOOL <u>Blissfield High school</u> <u>Blissfield, MI</u>			
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE		BACHELORS DEGREE?	
Name _____	Location _____	<input type="checkbox"/> Yes, Date _____ <input type="checkbox"/> No	
Date _____		Major _____	
		Minor _____	
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE		GRADUATE DEGREE	
Name _____	Location _____	Date _____	
Date _____		MAJOR _____	
BUSINESS, CORRESPONDENCE OR TRADE SCHOOLS		PROFESSIONAL CERTIFICATION OR LICENSE	
Name _____	Location _____	DATE ATTENDED (Mo-Yr) to (Mo-Yr) _____	
		TYPE OF CERTIFICATE OR LICENSE AWARDED _____	

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

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

NAME Bob FREDRICKS (CBA)		NAME GARY LARIMORE (Thyssen Krupp)	
ADDRESS		ADDRESS	
NAME Steve COOK (supervisor)		NAME	
ADDRESS		ADDRESS	
CITY		STATE	ZIP CODE

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

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

NAME OF PRESENT OR LAST EMPLOYER Schindler ELEVATOR			DATES EMPLOYED (Month / Day / Year) FROM: APRIL 2013 TO: present	
ADDRESS	CITY South Bend	STATE IN		
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) Assistant Mechanic		YOUR SUPERVISOR'S NAME AND TITLE Steve Cook		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) NOW CONSTRUCTION, SERVICE, REPAIR, & MAINT.				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) TRACTION, hydraulic, & ESCALATORS.				
NAME OF PREVIOUS EMPLOYER Thyssen KRUPP ELEVATOR			DATES EMPLOYED (Month / Day / Year) FROM: 2000 TO: 2012	
ADDRESS 6668 McNorwood	CITY Toledo	STATE OH		
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) Mechanic		YOUR SUPERVISOR'S NAME AND TITLE Don Cook - CHANGED MANY TIMES		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Construction, Adjusting, Maint, REPAIR, SERVICE				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) hydraulic, traction				

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 William C. Brown	DATE 9-23-13



LOCAL UNION NO. 44

OF THE

International Union of Elevator Constructors

AFFILIATED WITH THE AFL - CIO

PHONE (419) 242-7902



FAX (419) 242-6627

Friday, September 20, 2013

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

Dear Elevator Safety Division,

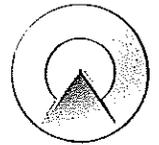
Subject: Reference Elevator Journeyperson Licensing

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

Respectfully,
Robert J. Fredericks

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

cc: William C. Brown
file



Schindler

Sept 23, 2013

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

Gentleman:

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

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

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

Very truly yours,

Schindler Elevator Service Company

Steve Cook
Supervisor Service and Mod operations.



National Elevator Industry Educational Program

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

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

Student Certificate Statement

William C. Brown

Certification #: 37241

Hire Date: 3/6/2000

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

John J. O'Donnell

National Director

Friday September 20, 2013

4 Years of Required Curriculum have been completed

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

Mechanic Exam Certificate Granted on 10/18/2005

Other Certificates

(2003, 24 Hours) Mechanic Exam Review

(2004, 24 Hours) Mechanic Exam Review

(2007) 8-Hour Hoistway Maintenance

(2007) Indiana State Licensing Course 2008-07

(2009, 8 Hours) 8-Hour Hydraulic Elevator Maintenance

(2009) Indiana State Licensing Course 2010-12

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

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

7/2013

Application for Elevator 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	10.04.13
<input type="checkbox"/> REJECTED	INITIALS LMB

EXAMINATION FEE: \$100.00 (nonrefundable)

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

IMPORTANT - READ CAREFULLY

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

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION? No Yes

Tran Info: 180 18976408-1 10/02/13
 Chk#: [REDACTED] Amt: \$100.00
 ID: DANIEL N CROSBY

APPLICANT INFORMATION

CLASS <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C - Device Type		
NAME Daniel Crosby	DATE OF BIRTH 5/24/80	SOCIAL SECURITY NUMBER 364-02-6640

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 98 <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			
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 _____			
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>BRAIN BILLEY</i>		NAME	
ADDRESS		ADDRESS	
CITY	STATE	CITY	STATE
ZIP CODE		ZIP CODE	
NAME <i>Mr. Hill</i>		NAME	
ADDRESS		ADDRESS	
CITY	STATE	CITY	STATE
ZIP CODE		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>THYSSEN KRUPP ELEVATOR</i>			DATES EMPLOYED (Month / Day / Year)	
ADDRESS <i>35757 Industrial</i>			CITY <i>Livonia</i>	STATE <i>Mi</i>
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <i>Apprentice</i>			YOUR SUPERVISOR'S NAME AND TITLE <i>BRAIN BILLEY</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>(All) Traction Hydraulic</i>				

NAME OF PREVIOUS EMPLOYER <i>School/In Elevator</i>			DATES EMPLOYED (Month / Day / Year)	
ADDRESS <i>School</i>			CITY <i>Livonia</i>	STATE <i>Mi</i>
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <i>Apprentice</i>			YOUR SUPERVISOR'S NAME AND TITLE <i>Brain Billey</i>	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>MOD. (All) Traction Hydraulic</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>All Traction Hydraulic</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>Daniel Veep</i>	DATE <i>9/24/2013</i>

ThyssenKrupp Elevator



September 13, 2013

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

Re: Daniel Crosby

To Whom It May Concern:

This letter is to certify that Daniel Crosby 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 August 12, 1999.

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



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

Phone 961-0717

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

September 13, 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 Daniel N. Crosby as being August 12, 1999. As of June 2013 he has worked a total of 24,605 hours, which works out to be just under 14 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

180

OFFICE USE ONLY	
<input checked="" type="checkbox"/> APPROVED	DATE <u>10-1-13</u>
<input type="checkbox"/> REJECTED	INITIALS <u>LMB</u>

EXAMINATION FEE: \$100.00 (nonrefundable)

Authority: 1978 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

Transmittal No: 180-18834503-1 09/26/13
 Check # [REDACTED] Amt: \$100.00
 ID: MATTHEW A HARVEY

APPLICANT INFORMATION

CLASS		
<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C - Device Type _____
NAME		
<u>Matthew A. Harvey</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?		IF YOU HAVE NOT COMPLETED HIGH SCHOOL, HAVE YOU TAKEN THE G.E.O. TEST TO EARN HIGH SCHOOL EQUIVALENCY?	
<input checked="" type="checkbox"/> Yes, Year <u>1993</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
NAME AND ADDRESS OF HIGH SCHOOL			
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE		BACHELORS DEGREE?	
Name _____		<input type="checkbox"/> Yes, Date _____ <input type="checkbox"/> No	
Location _____		Major _____	
Date _____		Minor _____	
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE		GRADUATE DEGREE	
Name _____		Date _____	
Location _____			
Date _____			
BUSINESS, CORRESPONDENCE OR TRADE SCHOOLS		COURSE TITLE	
Name _____		DATE ATTENDED (Mo-Yr) to (Mo-Yr)	
Location _____		TYPE OF CERTIFICATE OR LICENSE AWARDED	

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

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

NAME <i>Brad Bovine</i>		NAME <i>Bob Fredricks</i>	
[REDACTED]		[REDACTED]	
NAME <i>Steve Cook</i>		NAME	
[REDACTED]		ADDRESS	
[REDACTED]		CITY	STATE
[REDACTED]		ZIP CODE	

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

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

NAME OF PRESENT OR LAST EMPLOYER <i>Schindler Elevator Corp.</i>			DATES EMPLOYED (Month / Day / Year) FROM: <i>11-08</i> TO: <i>Present</i>	
ADDRESS <i>3725 W. Cleveland St.</i>	CITY <i>South Bend</i>	STATE <i>IN</i>	<i>11-20-08</i>	
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) <i>Journey person</i>		YOUR SUPERVISOR'S NAME AND TITLE <i>Doug Staley Construction manager</i>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>New Elevator Construction, Repair, Modernization</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>Hydraulic, Traction, Escalators, Dumbwaiters, Wheelchair lifts</i>				
NAME OF PREVIOUS EMPLOYER <i>Kane Inc.</i>			DATES EMPLOYED (Month / Day / Year) FROM: <i>1-94</i> TO: <i>11-08</i>	
ADDRESS <i>433 Fernhill</i>	CITY <i>Ft. Wayne</i>	STATE <i>IN</i>	<i>1-24-94 11-19-08</i>	
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) <i>Apprentice / Journey person</i>		YOUR SUPERVISOR'S NAME AND TITLE <i>Larry Early Service Supervisor</i>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>New Elevator Construction, Maintenance, Service, Repair</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>Hydraulic, Traction, Escalators, Dumbwaiters, wheelchair lifts</i>				

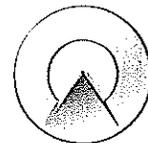
If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from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

CERTIFICATION AND SIGNATURE

I certify all statements are true to the best of my knowledge and that all work shall be done according to the State of Michigan elevator law, rules and regulations adopted by the Elevator Safety Board.	
SIGNATURE OF APPLICANT <i>Matt Harvey</i>	DATE <i>9-22-13</i>

Sept 23, 2013

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



Schindler

Gentleman:

Matt Harvey has been employed by Schindler Elevator Service Company
Since November, 20th 2008.

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

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

Very truly yours,

Schindler Elevator Service Company

A handwritten signature in black ink, appearing to read 'Steve Cook', written over a faint, illegible background.

Steve Cook
Supervisor Service and Mod operations.



LOCAL UNION NO. 44

OF THE

International Union of Elevator Constructors

AFFILIATED WITH THE AFL - CIO

PHONE (419) 242-7902



FAX (419) 242-6627

Friday, September 20, 2013

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

Matthew A. Harvey, social security number [REDACTED] has an industry start date of 01/24/1994 and has worked a total of 34,728.6 hours through the July 2013 reporting period. Mr. Harvey has spent those hours working in the elevator industry in the areas of construction, service, modernization, and/or maintenance.

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

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

Respectfully,

Robert J. Fredericks
Business Manager
IUEC Local # 44



National Elevator Industry Educational Program

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

Student Certificate Statement

Matt A. Harvey

Certification #: 28433

Hire Date: 1/24/1995

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

John J. O'Donnell
 National Director

Friday September 20, 2013

4 Years of Required Curriculum have been completed

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

Mechanic Exam Certificate Granted on 8/1/2003

Other Certificates

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

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

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

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

7/2013

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

OFFICE USE ONLY

<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED	DATE <u>10-1-13</u>
	INITIALS <u>JNB</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

Tran Info: 180 18818216-1 07/25/13
 Chk#: [REDACTED] Amt: \$100.00
 ID: GERALD H KOWALSKI

APPLICANT INFORMATION

CLASS <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C - Device Type
NAME <u>David Kowalski</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>1992</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>Dearborn High James Huard Dr, Dearborn Michigan 48124</u>			
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE Name _____ Location _____ Date _____	BACHELORS DEGREE? <input type="checkbox"/> Yes, Date _____ <input type="checkbox"/> No Major _____ Minor _____	CREDITS EARNED	
		UNDERGRADUATE Term _____ Semester _____	GRADUATE Term _____ Semester _____
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE Name _____ Location _____ Date _____	GRADUATE DEGREE Date _____	MAJOR	PROFESSIONAL CERTIFICATION OR LICENSE
BUSINESS, CORRESPONDENCE OR TRADE SCHOOLS Name _____ Location _____	COURSE TITLE	DATE ATTENDED (Mo-Yr) to (Mo-Yr)	TYPE OF CERTIFICATE OR LICENSE AWARDED

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

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

NAME SCHINDLER ELEVATOR			NAME THYSSENKRUPP ELEVATOR		
ADDRESS 28451 SCHOOLCRAFT ROAD			ADDRESS 2021 130th Ave. NE, Ste A		
CITY LIVONIA	STATE MI	ZIP CODE 48150	CITY Belleuve	STATE WA.	ZIP CODE 98005
NAME INTERNATIONAL UNION OF CONSTRUCTORS LOCAL 19			NAME ELEVATOR		
ADDRESS 2264-15TH AVENUE WEST			ADDRESS		
CITY SEATTLE	STATE WA	ZIP CODE 98119	CITY	STATE	ZIP CODE

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

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

NAME OF PRESENT OR LAST EMPLOYER SCHINDLER ELEVATOR				DATES EMPLOYED (Month / Day / Year)	
ADDRESS 28451 Schoolcraft Rd, Livonia				FROM: 8-13-13	TO: Present
CITY Livonia		STATE MI			
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) Apprentice			YOUR SUPERVISOR'S NAME AND TITLE Eric Pierson		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Modernization					
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stige Lift, Sidewalk Escalators, etc.) Traction car at this time					
NAME OF PREVIOUS EMPLOYER THYSSENKRUPP				DATES EMPLOYED (Month / Day / Year)	
ADDRESS 2021 130th Ave. NE, Bellevue				FROM: 7-2004	TO: 4-2011
CITY Bellevue		STATE WA.			
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) Journey person			YOUR SUPERVISOR'S NAME AND TITLE Skip Buntin Repair Supervisor		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Repair, Service, Retro-fitting					
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), hydraulic (direct, roped), Stige Lift, Sidewalk Escalators, etc.) Traction, Hydraulic, Escalators					

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

CERTIFICATION AND SIGNATURE

I certify all statements are true to the best of my knowledge and that all work shall be done according to the State of Michigan elevator law, rules and regulations adopted by the Elevator Safety Board.	
SIGNATURE OF APPLICANT Gerald Kowalski	DATE 9-30-2013

International Union of Elevator Constructors

LOCAL UNION NO. 19

AFFILIATED WITH THE AMERICAN FEDERATION OF LABOR - CIO

2264 - 15th Avenue West
Seattle, WA 98119Tel (206) 282-4885
Fax (206) 282-3970

September 25, 2013

To whom it may concern,

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

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

My records show that David took his Elevator Mechanics test Oct. 23rd, 2009, passed and was issued a Wa. State Mechanics License. His total hours worked in the industry, as of 8/05/13, are 16,767. His previous supervisor, at Thyssen, was Skip Buntin. Skip is now the Chief Elevator Inspector for the city of Seattle. While talking to Skip on the phone, about David, he told me he would also vouch for him. His phone numbers are: Office 206-684-8453 Cell 206-571-4997

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

Regards,

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

Schindler Elevator Corporation



Tuesday, September 24, 2013

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

Subject: David Kowalski – Application for State License

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

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

Sincerely,

Eric Pierson
District Service Manager



ThyssenKrupp Elevator Americas



ThyssenKrupp

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

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

Thank you,

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

Tonya King
District Shared Services Manager

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>10-4-13</u>
	INITIALS <u>AMB</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 type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C - Device Type <u>SCR</u>	SECURITY NUMBER
NAME <u>TERRY J. LAWRENCE</u>	TELEPHONE NUMBER (Include Area Code)

EDUCATION AND TRAINING

CHECK THE HIGHEST GRADE COMPLETED <input type="checkbox"/> 6 or Less <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input checked="" type="checkbox"/> 12			
DID YOU GRADUATE? <input checked="" type="checkbox"/> Yes, Year <u>1983</u> <input type="checkbox"/> No		IF YOU HAVE NOT COMPLETED HIGH SCHOOL, HAVE YOU TAKEN THE G.E.D. TEST TO EARN HIGH SCHOOL EQUIVALENCY? <input type="checkbox"/> Yes <input type="checkbox"/> No	
NAME AND ADDRESS OF HIGH SCHOOL			
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE		BACHELORS DEGREE?	
Name <u>Saint Clair Community College</u>		Yes, Date _____ <input checked="" type="checkbox"/> No	
Location <u>Ber Huron MI 48060</u>		Major <u>Automotive Repair</u>	
Date <u>1984-1986</u>		Minor <u>Associates Degree</u>	
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE		GRADUATE DEGREE	
Name _____		Date _____	
Location _____			
Date _____			
BUSINESS, CORRESPONDENCE OR TRADE SCHOOLS		COURSE TITLE	
Name _____		DATE ATTENDED (Mo-Yr) to (Mo-Yr)	
Location _____		TYPE OF CERTIFICATE OR LICENSE AWARDED	

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

~~Tran Info:180 18825840-1 07/29/13
Chk#: [REDACTED] Amt: \$60.00
ID: TERRY LAWRENCE~~

Tran Info:183 18808585-1 07/22/13
Chk#: [REDACTED] Amt: \$40.00
ID: TERRY LAWRENCE

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 James Cole JR.			NAME Brian Smotherman		
[REDACTED]					
NAME			NAME		
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

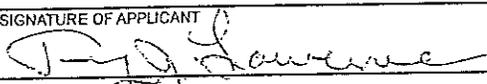
EMPLOYMENT HISTORY - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

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

NAME OF PRESENT OR LAST EMPLOYER				DATES EMPLOYED (Month / Day / Year)	
ADDRESS				FROM: TO:	
CITY		STATE			
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.)			YOUR SUPERVISOR'S NAME AND TITLE		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.)					
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.)					
NAME OF PREVIOUS EMPLOYER				DATES EMPLOYED (Month / Day / Year)	
ADDRESS				FROM: TO:	
CITY		STATE			
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.)			YOUR SUPERVISOR'S NAME AND TITLE		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.)					
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.)					

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

CERTIFICATION AND SIGNATURE

I certify all statements are true to the best of my knowledge and that all work shall be done according to the State of Michigan elevator law, rules and regulations adopted by the Elevator Safety Board.	
SIGNATURE OF APPLICANT 	DATE 7/28/2013

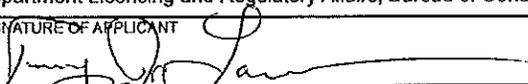
EMPLOYMENT HISTORY - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

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

NAME OF PRESENT OR LAST EMPLOYER Acorn Stair Lifts			DATES EMPLOYED (Month / Day / Year) FROM: 7-23-2013 TO: Present	
ADDRESS 7335 LAKE ELLENOR DR.	CITY Orlando	STATE FLA		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) Apprentice S.C.C.		YOUR SUPERVISOR'S NAME AND TITLE SHAWN		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) install chair lift				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Acorn Stair Lifts				
NAME OF PREVIOUS EMPLOYER Wright + Filippis			DATES EMPLOYED (Month / Day / Year) FROM: 1997 TO: 2000	
ADDRESS 2845 CROOKS RD.	CITY Rochester Hill	STATE MI		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) Apprentice		YOUR SUPERVISOR'S NAME AND TITLE		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) install wheel chair lifts - chairs S.C.C. S.C.R.				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) wheel chair lifts - Elevator - Stair Climbers				
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year)	
ADDRESS	CITY	STATE	FROM:	TO:
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.)		YOUR SUPERVISOR'S NAME AND TITLE		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.)				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.)				

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

CERTIFICATION AND SIGNATURE

I certify all statements are true to the best of my knowledge and that all work shall be done according to the State of Michigan elevator law, rules and regulations adopted by the Elevator Safety Board.	
I also certify I am actively employed by the company I'm representing and that in the event of my leaving said firm, agree to immediately notify the Michigan Department Licensing and Regulatory Affairs, Bureau of Construction Codes.	
SIGNATURE OF APPLICANT 	DATE 7-20-2013



PROSTHETICS • ORTHOTICS • RESPIRATORY • HOME MEDICAL EQUIPMENT

2845 Crooks Road • Rochester Hills, MI 48309
(248) 829-8200 • (248) 853-8039 fax
www.FirstToServe.com

October 4, 2013

Re: TERRY LAWRENCE

To Whom It May Concern:

Please be advised, Terry Lawrence was employed from August 3, 1998 thru August 20, 2001, as a full-time employee at Wright & Filippis. During his employment here he was an apprentice for stair lifts, elevators, and W/C lifts.

If you have any questions or require further information, please contact me.

Sincerely,

Kathy Bradsher
Director of Human Resources
248.829.8378 Phone
248.853.8039 Fax

Elevator Safety Division

To Whom it may concern,

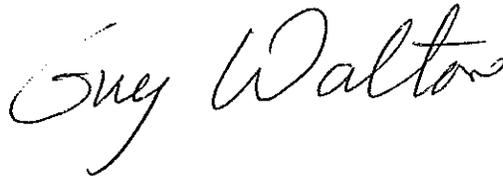
Terry Lawrence has been working with me at Acorn Stairlifts for the last three months, July – Present, installing stairlifts under supervision of licensed journeymen. He has performed all aspects of the installation process as well as performed service and maintenance and been part of the inspection process so as to gain experience in how this process works.

If you have any questions pertaining to Terry Lawrence's performance or abilities when it comes to stairlift installation, service or maintenance with regard to his time at Acorn, feel free to contact me.

Thanks,

Guy Walton

License # 2200474

A handwritten signature in cursive script that reads "Guy Walton". The signature is written in black ink and is positioned to the right of the typed name and license number.

Elevator Safety Division

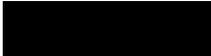
October 2, 2013

RE: Terry Lawrence

To Whom it May Concern:

I, James Cole, have worked with Terry Lawrence at Wright & Filippis installing, repairing and maintaining w/c lifts, elevators, and stair lifts and platform lifts between August of 1998 and August of 2001. I have also worked with him at Acorn installing curves and straight stair lifts from July of 2013 thru the present.

If you have any questions regarding Terry's ability or performance, please feel free to give me a call.

James C. Cole, Jr. 

License # 2200933



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 <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.
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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

RECEIVED 199306-1 10:15
 2013 07/31 10:15 AM
 MICHAEL McCLEAN

APPLICANT INFORMATION

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

EDUCATION AND TRAINING

CHECK THE HIGHEST GRADE COMPLETED			
<input type="checkbox"/> 6 or Less	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input checked="" type="checkbox"/> 12	
DID YOU GRADUATE?		IF YOU HAVE NOT COMPLETED HIGH SCHOOL, HAVE YOU TAKEN THE G.E.D. TEST TO EARN HIGH SCHOOL EQUIVALENCY?	
<input checked="" type="checkbox"/> Yes, Year <u>1991</u>		<input type="checkbox"/> No	
<input type="checkbox"/> No		<input type="checkbox"/> Yes	
NAME AND ADDRESS OF HIGH SCHOOL			
Whitmer High School 5601 Clegg Dr. Toledo, Oh 43613			
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE		BACHELORS DEGREE?	
Name <u>Monroe County Community College</u>		<input type="checkbox"/> Yes, Date _____ <input checked="" type="checkbox"/> No	
Location <u>1555 South Raisinville Rd</u>		Major <u>Associate Degree</u>	
<u>Monroe, MI 48161</u>		Minor <u>Mechanical</u>	
Date <u>1994</u>		CREDITS EARNED	
		UNDERGRADUATE	GRADUATE
		Term _____	Term _____
		Semester _____	Semester _____
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE		GRADUATE DEGREE	
Name _____		MAJOR	
Location _____		PROFESSIONAL CERTIFICATION OR LICENSE	
Date _____		Date _____	
BUSINESS, CORRESPONDENCE OR TRADE SCHOOLS		COURSE TITLE	
Name <u>NEIEP</u>		National Elevator Industry Educational Program	
Location <u>2300 Ashland Ave, RM 206</u>		DATE ATTENDED (Mo-Yr) to (Mo-Yr)	
<u>Toledo, OH 43620</u>		6-2007 to 9-2012	
		TYPE OF CERTIFICATE OR LICENSE AWARDED	
		Mechanic Certificate	

*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
NAME David Walz	NAME Doug Daccab

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, Journeyman, 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, Journeyman, 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
---	-------------------



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:

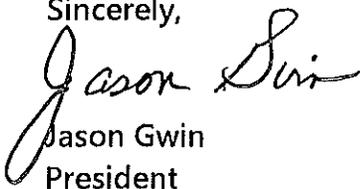
June 7, 2007 to February 10, 2011

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,

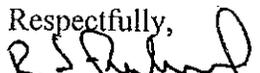
Please allow the following information to serve as verification of proof of eligibility for a Class A, Michigan Elevator Mechanic License to the individual named herein. The information contained herein, has been collected from the International Union of Elevator Constructors, National Elevator Industry 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 #: **49716**

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

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

NATIONAL DIRECTOR
Thursday, September 20, 2012

4 Years of Required Curriculum have been completed

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

Mechanic Exam Certificate Granted on 9/20/2012

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

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

5/2010

Application for Elevator 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>10.7.13</u>
	INITIALS <u>LAR</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

From Info: 180 13966676-1 09/27/13
 DATE: [REDACTED] Amt: \$100.00
 ID: PATRICIA MAUR

APPLICANT INFORMATION

CLASS <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C - Device Type
NAME <u>ARNIM WERNER SEEGER</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>1983</u> <input type="checkbox"/> No		IF YOU HAVE NOT COMPLETED HIGH SCHOOL, HAVE YOU TAKEN THE G.E.D. TEST TO EARN HIGH SCHOOL EQUIVALENCY? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>N/A</u>	
NAME AND ADDRESS OF HIGH SCHOOL <u>MICHAEL GRZIMEK SCHULE (GERMAN SCHOOL NAIROBI)</u> <u>P.O. BOX 978</u> <u>00621 NAIROBI - KENYA</u>			
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE Name <u>N/A</u> Location _____ Date _____		BACHELORS DEGREE? <input type="checkbox"/> Yes, Date _____ <input type="checkbox"/> No Major _____ Minor _____	CREDITS EARNED UNDERGRADUATE _____ GRADUATE _____ Term _____ Semester _____
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE Name <u>N/A</u> Location _____ Date _____		GRADUATE DEGREE Date _____	MAJOR _____ PROFESSIONAL CERTIFICATION OR LICENSE _____
BUSINESS, CORRESPONDENCE OR TRADE SCHOOLS Name <u>HAUSHAHN ELEVATORS</u> Location <u>STUTTGART - GERMANY</u>		COURSE TITLE <u>INTERNAL INSTALLATION</u> <u>ENGINEER AND SERVICE</u> <u>TECHNICIAN</u>	DATE ATTENDED (Mo-Yr) to (Mo-Yr) <u>09/1983</u> <u>04/1985</u> TYPE OF CERTIFICATE OR LICENSE AWARDED <u>PROFESSIONAL</u> <u>TRAINING</u> <u>CERTIFICATE</u>

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

①

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

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

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

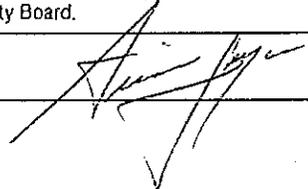
State definitively your qualifying installation and servicing experience on equipment, similar to that for which license is required. Give names and addresses of firms with whom employed, duties, length of service and dates of employment. Present available documentary evidence to substantiate experience.

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

P.T.O
→

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 09/26/2013

(2)

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

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

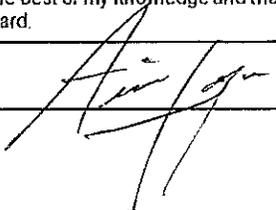
EMPLOYMENT HISTORY - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

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

NAME OF PRESENT OR LAST EMPLOYER ENINTER ELEVATOR			DATES EMPLOYED (Month / Day / Year)		
ADDRESS CTRA DE HOSPITALET 52			CITY BARCELONA	STATE SPAIN	FROM: 02/2001 TO: 03/2004
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) MAINTENANCE SUPERVISOR			YOUR SUPERVISOR'S NAME AND TITLE DANASO MARTINEZ		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) MAINTENANCE, SERVICE AND REPAIR					
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) TRACTION GEARED AND GEARLESS, HYDRAULIC ROPED HRL					
NAME OF PREVIOUS EMPLOYER KONE ELEVATORS			DATES EMPLOYED (Month / Day / Year)		
ADDRESS BARCELONA			CITY BARCELONA	STATE SPAIN	FROM: 06/1999 TO: 8/2000
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) MAINTENANCE SUPERVISOR			YOUR SUPERVISOR'S NAME AND TITLE MR. OPISO		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) MODERNIZATION, MAINTENANCE, SERVICE, REPAIRS AND ADJUSTING					
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) TRACTION GEARED AND GEARLESS, HYDRAULIC ROPED AND DIRECT ESCALATORS					

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

CERTIFICATION AND SIGNATURE

I certify all statements are true to the best of my knowledge and that all work shall be done according to the State of Michigan elevator law, rules and regulations adopted by the Elevator Safety Board.	
SIGNATURE OF APPLICANT 	DATE 09/26/2013



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

[Emblem]
Form 1285

[Emblem of the company]

Hausbahn

Elevators

Cranes

Storage

Techniques

Stuttgart

Munich

Illingen

Professional

Training

Certificate

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

A. Reimchen

Anna Reimchen

9/20/2013

Date

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Professional Training Certificate

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

Mr. Arnim-Werner Seeger	born on	April 18, 1966	in	Johannesburg	has completed professional training at our center
	from	September 1, 1983	until	March 29, 1985	As an internal installation engineer and service technician
The training was completed with the following results:					
Leadership		very good			
Effort		very good			
Performance		good			

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

The professional examination results certificate is with the certificate holder.

Stuttgart, March 29, 1985

[Signature illegible]

General Manager

[Signature illegible]

Training Manager

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A. Reimchen

Anna Reimchen

9/20/2013

Date

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

Ausbildungszeugnis

Herrn Arnim-Werner Seeger

am 18. April 1966

in Johannesburg geboren

hat bei uns

vom 1. September 1983 bis 29. März 1985

die Ausbildung zum

CH (intern) Montage- und Service-Techniker

absolviert.

Er erhält von uns folgendes Zeugnis:

Führung sehr gut

Fleiß sehr gut

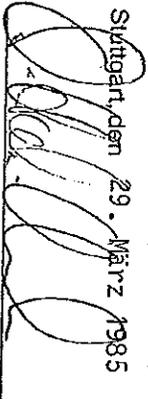
Leistung gut

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

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

Über die Facharbeiterprüfung liegt ein gesondertes Zeugnis vor.

Stuttgart, den 29. März 1985



Geschäftsleitung



Ausbildungsleitung

9 May 2011

kenya Lift
co ltd

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

TO WHOM IT MAY CONCERN:

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

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

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

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

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

KENYA LIFT CO. LTD.

12 February 1992

**kenya Lift
services ltd.**

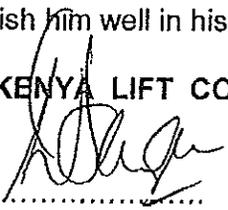
Hauslift Aufzüge
p.o. box 14115
00800-nairobi kenya
waumini house westlands
tel 254 (20) 4440296, 4443929
fax 254 (20) 4441174
e-mail: kenlift@wananchi.com

TO WHOM IT MAY CONCERN:

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

We wish him well in his future endeavours.

For: KENYA LIFT CO. LTD.



p.p.^a WERNER SEEGER
Managing Director

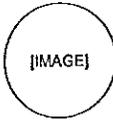


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A company of
ThyssenKrupp
Elevator

ThyssenKrupp Elevadores



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

DECLARES

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

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

[SIGNATURE]

ThyssenKrupp Elevadores, SL
C/Gifuentes, s/n – 28021 Madrid
P: 913 796 300 – F: 913 796 439

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

A. Reimchen

Anna Reimchen

9/20/2013

Date

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

DECLARA:

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

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

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



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KONE

Elevators Stairs

Mrs. M^o ANTONIA ALVAREZ CUMPLIDO with
I.D. # 01080969-S, as Staff Director of
Empresa KONE ELEVADORES, S.A., localized in
(St.) C/Enrique Larreta, N^o 5 – Madrid, with
VAT N^o A-28791069.

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

CERTIFIES that,

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

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

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

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

{STAMP}

KONE

KONE Elevadores S.A.
Enrique Larreta N^o 5
28036 MADRID
{SIGNATURE}

Signed by: Ma. ANTONIA ALVAREZ CUMPLIDO
STAFF DIRECTOR

Madrid Mercantile Register
{ILLEGIBLE}

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

A Reimchen

Anna Reimchen

9/20/2013

Date

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



Ascensores Escaleras

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

D^a. M^a ANTONIA ALVAREZ CUMPLIDO con D.N.I. 01080969-S, como Directora de Personal de la Empresa KONE ELEVADORES, S.A., con Domicilio Social en C/ Enrique Larreta, nº 5 - Madrid, y C.I.F. nº A-28791069.

CERTIFICA:

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

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

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

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

KONE Elevadores, S.A.
Enrique Larreta, 5
28036 Madrid

Fdo.: M^a ANTONIA ALVAREZ CUMPLIDO
DIRECTORA DE PERSONAL



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



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

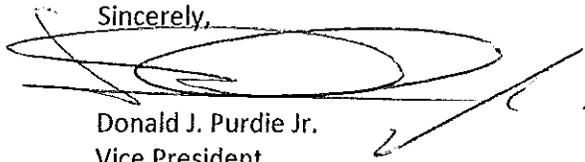
Detroit Elevator/U-M Modern Languages

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 black ink, appearing to read "Donald J. Purdie Jr.", written over a horizontal line. The signature is stylized and somewhat circular.

Donald J. Purdie Jr.
Vice President

275 E. Liberty Ann Arbor MI 48104

sdi

734 213-6051
andy@adistruclures.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 23 2013
DETROIT ELEVATOR CO.



Motion Control Engineering

www.mceinc.com

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

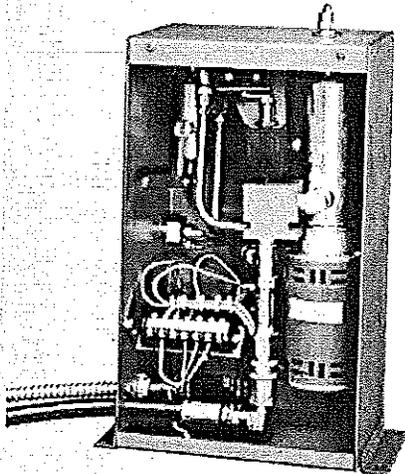
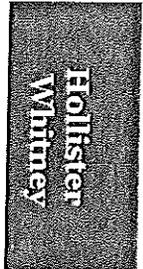
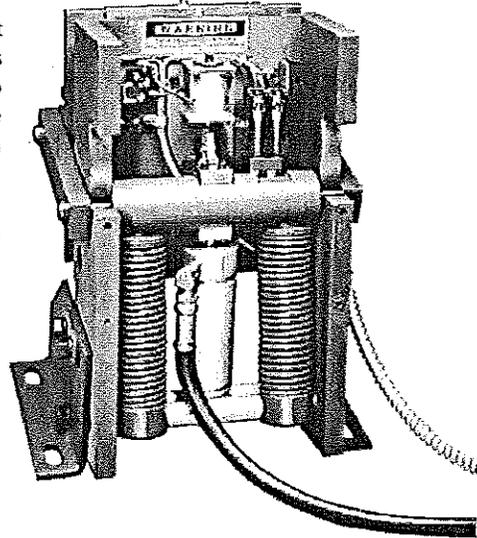
Jeff Yeager

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
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.



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 5,226,540

Rec'd type from 12/2001 Certificate #10-01-010-1022-010-000

Conforms To:

CSA B44.1 (Certificate #35114)
ASME-A17.5 - 2000
ASME-417.5
NRTL/C
EN81-1

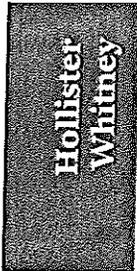


Hollister-Whitney Elevator Corporation
#1 Hollister-Whitney Parkway, Quincy, I.L. 62305
Phone: 217.222.0466
Fax: 217.222.0493
Web: www.hollisterwhitney.com
Email: Info@hwec.com

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)

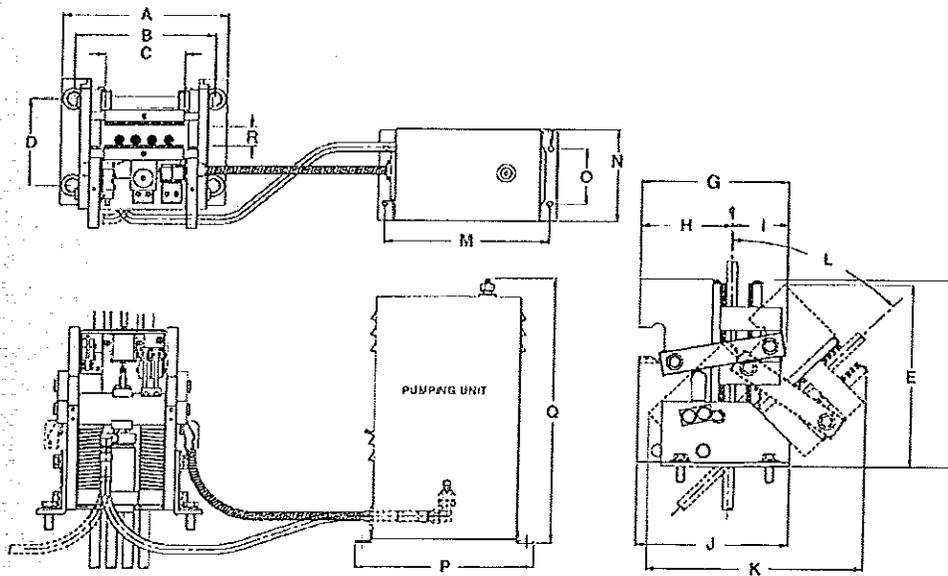


		"ROPE GRIPPER" MODEL					
		#618	#620	#622	#624	#625	#626
MAX. OUT TO OUT OF CABLES:		3 3/8" (86 mm)	4 7/8" (124 mm)	6" (152 mm)	10" (254 mm)	11 1/2" (292 mm)	10" (254 mm)
POWER SUPPLY:		6A, 120V ac, 1 PH, 60 Hz					
CONTACT RATINGS:		6A, 250V ac, 0.15A, 250V dc					
1:1 ROPING	MAXIMUM RATINGS	RATED SPEED:	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 60% 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, HOST 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 & COUNTERWEIGHT 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	RATED SPEED:	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 60% 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, HOST 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 & COUNTERWEIGHT 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 (156)	3 1/4 (83)	6 (152)	9 15/16 (249)	9 1/16 (230)	8 5/8 (216)	5 7/16 (138)	3 3/16 (81)	8 11/16 (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 (144)	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 (144)	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)

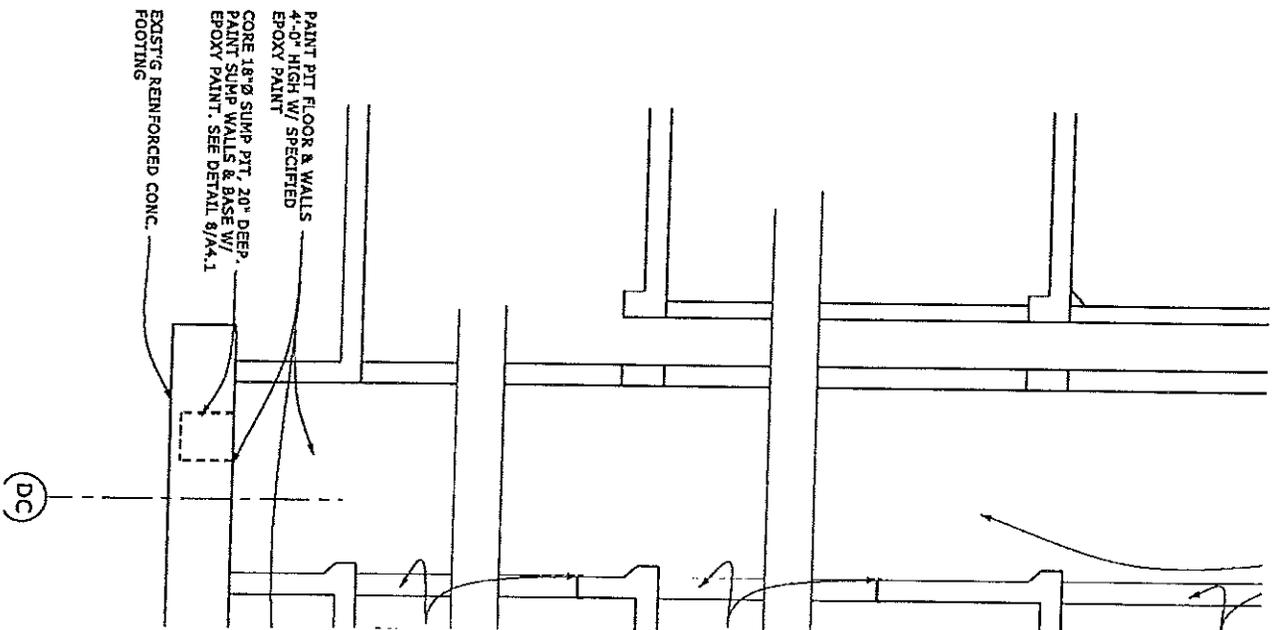
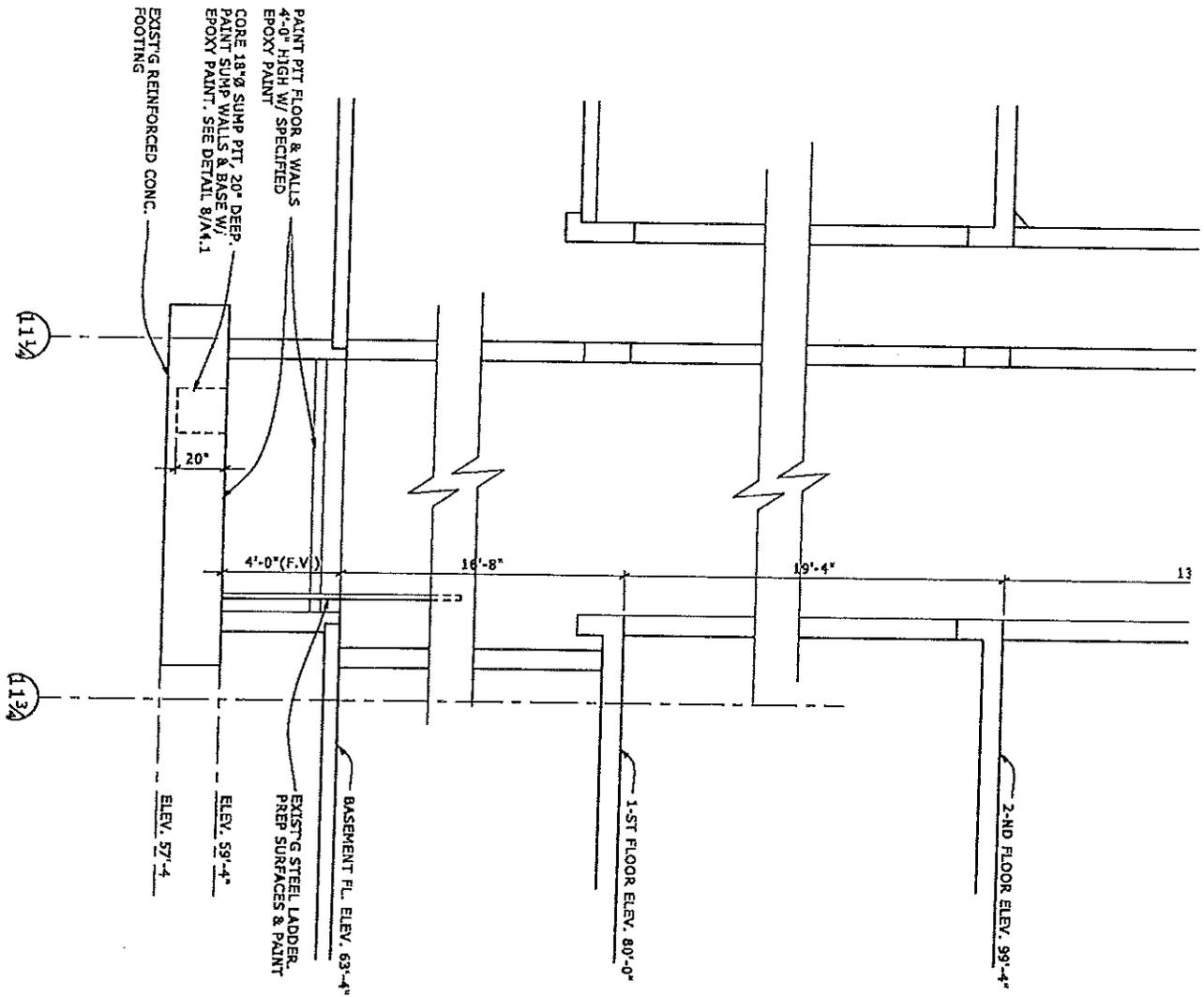
9/25/2012 11:41:00 AM Kalamat c:\000207 - Hodson Lampuqur Building\Project\00001870 - Elevator Replacement\Bas\gn\Specifications\20701-2F.doc

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 1st 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. Overtravel or undertravel 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 ϕ - 60 HZ
OPERATION: DUPLEX SEL. - COL.

DETROIT ELEVATOR COMPANY
2121 BURDETTE STREET
FERNDALE, MICHIGAN 48220

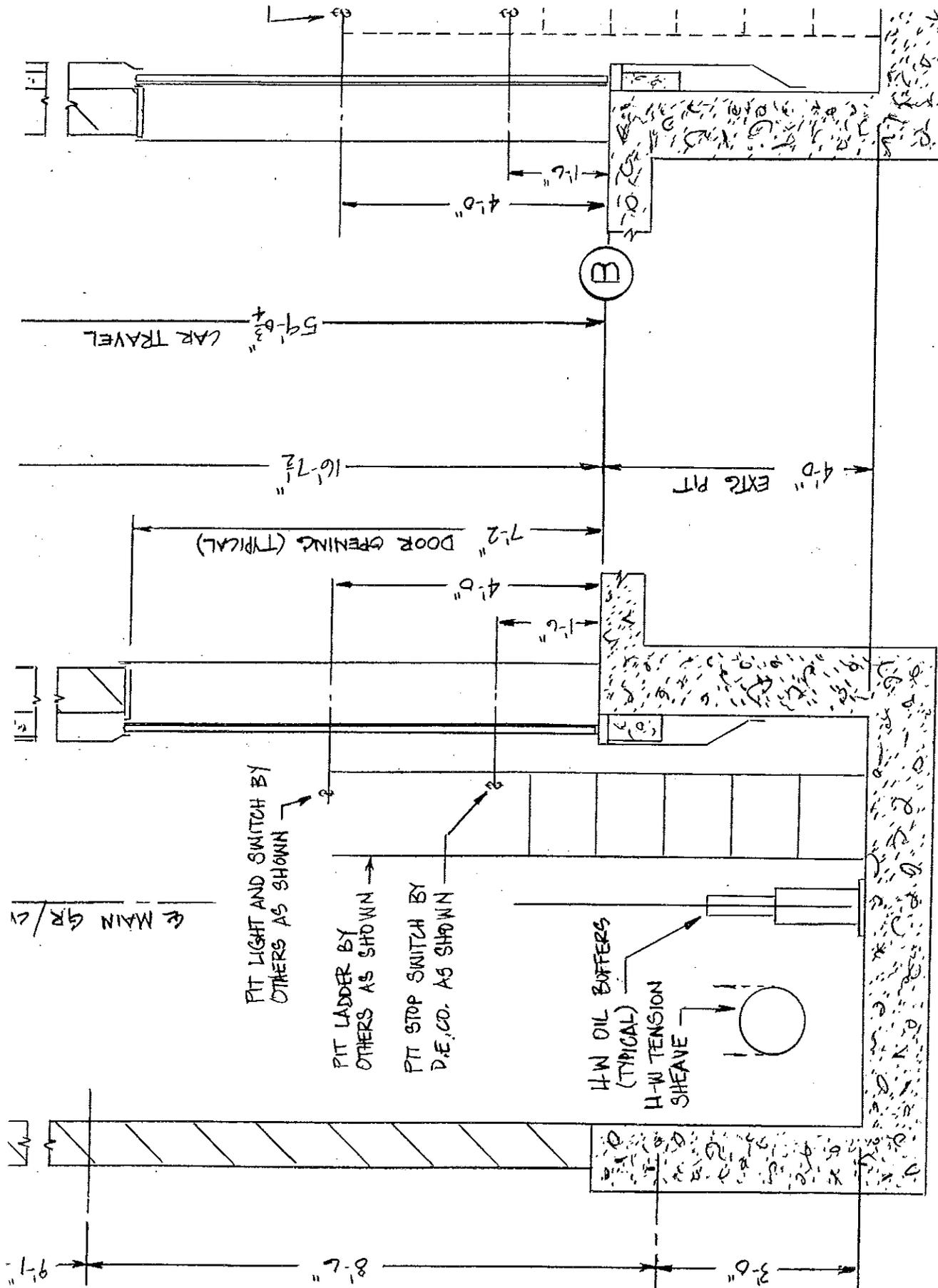
DRAWN BY: MATTHEW LEMBAS 3 - 1 - 13

REV.	BY	DESCRIPTION	DATE
Δ	ML	DECREASED DROP TO DROP, NINE CNT INTO FOURTHWAY REVISE BEAMS BY OTHERS	

JOB NUMBER

NE - 4672 - 73 - P

SHEET: 2 OF 2



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

SECTION A-A

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

ELEVATOR GR

MAIN GR/CA

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	02955
PERMIT NUMBER	07917
PERMIT APPROVED BY	DATE

FORMS AND BLUE PRINTS MUST BE SUBMITTED IN TRIPLICATE

RECEIVED
 MAR 13 2013
 DETROIT ELEVATOR CO.

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

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

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

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

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

CAR
 HOW OPERATED FROM CAR
 HAND ROPE CAR SWITCH AUTO PUSH BUTTON FROM LANDING pushbutton DESTINATION - ORIENTED ELEVATOR SYSTEM
 YES NO
 SIZE OF PLATFORM (INSIDE) 53" x 72" NUMBER OF CAR ENTRANCES 1 2 3 SAFE EDGE YES NO ELECTRIC EYE YES NO
 POWER OPERATED DOOR REOPENING DEVICE PROXIMITY INFRARED OTHER CAR DOORS OR GATES POWER OPERATED YES NO
 HOISTWAY DOORS ARE SEQUENCE SIMULTANEOUSLY EMERGENCY EXITS CAR TOP HINGED CAR TOP REMOVABLE SIDE PANEL
 EMERGENCY EXIT ELECTRIC CONTACT YES NO TYPE OF CAR SAFETY DEVICE A B C OTHER
 POWER DOOR OPERATOR (MANUFACTURER'S NAME) G.A.L. EMERGENCY CALL BELL TELEPHONE OTHER

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

MACHINE ROOM
 LOCATION OVERHEAD BASEMENT FIRST FLOOR OTHER SELF CLOSING SELF LOCKING DOOR PROVIDED YES NO
 MACHINE ROOM FULLY ENCLOSED YES NO MACHINE TYPE 1. CABLE 3. ROPED HYDRAULIC 5. OTHER POWER 1. ELECTRIC 2. HAND POWER
 TYPE OF DRIVE gearless TYPE OF BREAK disc TYPE OF BRAKE (RELEASED) drum DIAMETER OF SHEAVES/SPROCKETS/PULLEYS DRUM _____ INCHES TRACTION 25 INCHES
 TYPE OF GOVERNOR AND LOCATION centrifugal/machine room GOVERNOR TRIPPING SPEED 337 FPM GOVERNOR OVERSPEED SWITCH YES NO PHASE PROTECTION YES NO
 H.P. 24 ELECTRIC MOTOR VOLTAGE 208v A.C. D.C. OPERATING DEVICE VOLTAGE 115v A.C. D.C. DIAMETER OF PLUNGER _____ INCHES MFG OF PUMP
 FULLY EXPOSED CYLINDER YES NO CYLINDER PROTECTION TYPE SHUTOFF VALVE LOCATION PIT MACHINE ROOM OTHER OVERSPEED VALVE 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	24810
PERMIT NUMBER	15348
PERMIT APPROVED BY	DATE
[Signature]	3/17/13

FORMS AND BLUE PRINTS MUST BE SUBMITTED IN TRIPLICATE

RECEIVED
MAR 15 2013

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 Language Building		COUNTY Washtenaw (81)	
LOCATION (ADDRESS) 812 E. Washington		CITY Ann Arbor	ZIP CODE 48109
BILLING INFORMATION (OWNER OR DESIGNATED AGENT) U of M AEC	BILLING ADDRESS 326 E. Hoover	CITY Ann Arbor	STATE MI ZIP CODE 48109
TYPE OF DEVICE pass	MANUFACTURED BY Detroit Elevator Company (200)	MANUFACTURER'S NUMBER NE-4672-P	
TYPE OF CONTROL Duplex col-sef	CAPACITY 2500 LBS	RATED SPEED 250 FPM	RISE OF CAR 59 FT 0 IN NUMBER OF LANDINGS 5

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 push button	DESTINATION - ORIENTED ELEVATOR SYSTEM <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SIZE OF PLATFORM (INSIDE) 52" x 72"	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
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) G.A.L.	EMERGENCY CALL <input checked="" type="checkbox"/> BELL <input checked="" type="checkbox"/> TELEPHONE <input type="checkbox"/> OTHER	

CABLES

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

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 4. <input type="checkbox"/> HAND POWER 5. <input type="checkbox"/> OTHER	POWER 1. <input checked="" type="checkbox"/> ELECTRIC 2. <input type="checkbox"/> HAND POWER
TYPE OF DRIVE gearless	TYPE OF BREAK disc	TYPE OF BRAKE (RELEASED) drum
TYPE OF GOVERNOR AND LOCATION centrifugal/machine room	GOVERNOR TRIPPING SPEED 337 FPM	DIAMETER OF SHEAVES/SPROCKETS/PULLEYS DRUM _____ INCHES TRACTION 25" INCHES
H.P. 24	ELECTRIC MOTOR VOLTAGE 208v <input checked="" type="checkbox"/> A.C. <input type="checkbox"/> D.C.	OPERATING DEVICE VOLTAGE 115v <input checked="" type="checkbox"/> A.C. <input type="checkbox"/> D.C.
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
		DIAMETER OF PLUNGER _____ INCHES
		MFG OF PUMP
		OVERSPEED VALVE <input type="checkbox"/> YES <input type="checkbox"/> NO

CONTRACTOR SIGNATURE

CONTRACTOR'S COMPANY NAME AND BRANCH OFFICE (CITY) Detroit Elevator Company, Ferndale, MI	CONTRACTOR LICENSE NUMBER 2190760	PERMIT FEE \$ 385.00
CONTRACTOR'S SIGNATURE [Signature]		DATE 3-14-13