



RICK SNYDER  
GOVERNOR

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

MIKE ZIMMER  
ACTING DIRECTOR

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

**AGENDA**

November 7, 2014

9:30 a.m.

1. Call to Order and Determination of Quorum
  - a. Nomination and election of Officers
2. Approval of Agenda (Pages 1-2)
3. Approval of Minutes – September 5, 2014 (Pages 3-8)
4. Review of Elevator Contractor Examination Applications:
  - a. Thomas H. Fagan, Class A, Re-Exam (Pages 9-19)
  - b. Jason A. Gwin, Class A, Re-Exam (Pages 20-24)
  - c. William A. Huber, Class A (Pages 25-30)
  - d. Scott M. Macy, Class A (Pages 31-34)
  - e. Arnim W. Seeger, Class A (Pages 35-41)
  - f. John S. Simmons, Class A (Pages 42-50)
5. Review of Elevator Journeyman Examination Applications:
  - a. Lamar Boyd, Class A, Re-Exam (Pages 51-55)
  - b. Michael Cicchetti, Class A, Re-Exam (56-59)
  - c. Michael J. Evans, Class A (Pages 60-63)
  - d. Daniel James Hill, Class A (Pages 64-67)
  - e. Steven Douglas Kenna, Class A (Pages 68-71)
  - f. David Kowalski, Class A, Re-Exam (Pages 72-76)
  - g. Alexander D. McDonald, Class A (Pages 77-82)
  - h. David A. Miller, Class A, Re-Exam (Pages 83-88)
  - i. Kenneth Presson III, Class A (Pages 89-100)
  - j. Dennis James Richardson, Class A, Re-Exam (Pages 101-105)

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

- k. Stephen F. Rippon, Class A (Pages 106-109)
- l. John Simmons, Class A, Re-Exam (Pages 110-114)
- m. Angelo Vuocolo, Class A (Pages 115-119)

6. Unfinished Business

7. Legislative Update

8. Division Report

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

9. New Business

10. Public Comment

11. Next Meeting Date – January 23, 2015

12. Adjournment



RICK SNYDER  
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STATE OF MICHIGAN  
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**ELEVATOR SAFETY BOARD**

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

**MINUTES**

September 5, 2014  
9:30 a.m.

**MEMBERS PRESENT**

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

**MEMBERS ABSENT**

Mr. Mark A. Smith  
Mr. Eric Thomas

**DEPARTMENT PERSONNEL ATTENDING**

Mr. Calvin Rogler, Chief, Elevator Safety Division  
Ms. Lynn Weston, Office Supervisor, Elevator Safety Division  
Ms. Laurie Bass, Department Analyst, Elevator Safety Division  
Mr. Ralph Arceo, General Inspector, Elevator Safety Division  
Mr. Keith Lambert, Deputy Director, Bureau of Construction Codes

**OTHERS IN ATTENDANCE**

Mr. Patrick Carroll, Elevator Management Consultants  
Mr. Tony Filippis III, A4 Access  
Ms. Tabitha Zimney, Karoub Associates  
Mr. Joseph McNally, McNally Elevator

**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.

*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

1. **APPROVAL OF AGENDA**

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

2. **APPROVAL OF MINUTES**

A **MOTION** was made by Board member David Kuras and seconded by Board member William Kogelschatz to approve the minutes for the June 6, 2014 board meeting. **MOTION CARRIED.**

3. **REVIEW OF ELEVATOR CERTIFICATE OF COMPETENCY APPLICATIONS**

- None

4. **REVIEW OF ELEVATOR CONTRACTOR APPLICATIONS**

- a. Thomas H. Fagan, 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 Thomas H. Fagan to take the Class A Contractor examination. **MOTION CARRIED**

- b. Ralph Kates, 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 Ralph Kates to take the Class A Contractor examination. **MOTION CARRIED**

- c. Brian Matson, Class A, Re-Exam (Passed)

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

- d. Francis J. Sadowski, 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 Francis J. Sadowski to take the Class A Contractor examination. **MOTION CARRIED**

5. REVIEW OF ELEVATOR JOURNEYPerson APPLICATIONS

a. Lamar V. Boyd, 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 Lamar V. Boyd to take the Class A Contractor examination. **MOTION CARRIED**

b. Michael E. Cicchetti, 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 Michael E. Cicchetti to take the Class A Contractor examination. **MOTION CARRIED**

Due to his close association to Michael E. Cicchetti, Board member David Taylor recused himself from the above review, discussion, and vote.

c. James E. Fox, Class C (Passed)

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

d. Joseph M. Gwin, Class A, Re-Exam

Applicant was not present for the board meeting therefore no action was taken.

e. Adam J. Krajec, 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 Adam J. Krajec to take the Class A Contractor examination due to the lack of the necessary qualifications required to obtain a Class A Journeyman's license. Specifically hands on field experience performing elevator installations. **MOTION CARRIED**

f. Justin Massey, 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 Justin Massey to take the Class A Contractor examination. **MOTION CARRIED**

g. Kevin Matiyow, 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 Kevin Matiyow to take the Class A Contractor examination. **MOTION CARRIED**

h. David A. Miller, 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 David A. Miller to take the Class A Contractor examination. **MOTION CARRIED**

i. John Simmons, Class A, Re-Exam

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

6. **EXAMINATIONS**

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

7. **WAIVER REQUESTS**

None

8. **UNFINISHED BUSINESS**

a. Pneumatic Vacuum Elevators LLC, follow up from the M, 2014 board meeting.

A request was made by Pneumatic Vacuum Elevators LLC for a variance request from ASME A17.1-2007 regarding a product approval.

A board committee was formed comprising of William Kogelschatz, Donald J. Purdie, Jr., and David Flint, to review a conditional installation at the Mannes Residence in Holland, Michigan on July 25, 2014. The committee made the following recommendations to the board.

It is the committee's recommendation that the Pneumatic Private Residence Elevator design be approved for installation in the State of Michigan with the provisions that any design, installation criteria, electrical or mechanical changes to the device differing from that of the unit installed at the Mannes Residence located at 414 Crest Dr., Holland, Michigan, shall be brought to the attention of the Elevator Safety Board. Should the changes be determined to require an additional approval process to be compliant with existing Codes or Laws in force at the time of the review by the Elevator Safety Board or the Elevator Safety Division, the manufacturer and/or the Elevator Contractor shall submit any changes or additional requirements to the afore mentioned Authorities along with any fees required to approve the device being submitted for review and or certification.

Therefore, a **MOTION** was made by Board member David Kuras and seconded by Board member Donald J. Purdie Jr. to approve the Pneumatic Private Residence Elevator based on the committee's review and recommendations and provided that all future installations by any vendor meets these established requirements. **MOTION CARRIED**

9. **LEGISLATIVE UPDATE**

- None

10. **DIVISION REPORT**

- a. Chief's Report – C. Rogler – No discussion
- b. Accident Report – No discussion

11. **NEW BUSINESS**

- None

12. **PUBLIC COMMENT**

- Chairperson Flint commented on changes in board members soon to take place.
- Revisions to the elevator examinations and their status were discussed.
- Board member William Kogelschatz gave his thanks to the board and specifically Chairperson David Flint for their service.
- Board member Donald J. Purdie Jr. commented on the exam applicant review process.

13. **PROPOSED 2015 ELEVATOR SAFETY BOARD MEETING SCHEDULE**

A **MOTION** was made by Board member William Kogelschatz and seconded by Board member David Kuras to approve the proposed Elevator Safety Board meeting schedule for 2015. **MOTION CARRIED.**

14. **NEXT MEETING DATE**

- November 7, 2014

15. **ADJOURNMENT**

A **MOTION** was made by Board member David Kuras and seconded by Board member William Kogelschatz to adjourn the meeting at approximately 11:50 a.m. **MOTION CARRIED.**

APPROVED: \_\_\_\_\_  
Chair, Elevator Safety Board Date

DRAFT

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

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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: 1997 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?      to       Yes

Trans Info: 181 19871830-1 09/29/14  
Chk#: [REDACTED] Amt: \$100.00  
ID: THOMAS FAGAN

APPLICANT INFORMATION

CLASS	<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C - Device Type	
NAME	THOMAS H FAGAN	

COMPANY REPRESENTING

COMPANY NAME DTE ENERGY		
ADDRESS 3500 E FRONT		BUSINESS TELEPHONE NUMBER (Include Area Code)
CITY MONROE	STATE MICH	ZIP CODE 48161

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 JOHN MASTRANTONIO	NAME PAT FAGAN
NAME DOUG PRIELS	NAME MIKE CROWK

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

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

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

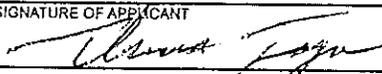
NAME OF PRESENT OR LAST EMPLOYER <b>DTE Energy</b>			DATES EMPLOYED (Month / Day / Year)	
ADDRESS <b>3500 E FRONT ST</b>			CITY <b>MORROE</b>	STATE <b>MICH</b>
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) <b>CRANE &amp; ELEVATOR JOURNEYMAN</b>			YOUR SUPERVISOR'S NAME AND TITLE <b>MIKE CRONK GENERAL SUPERVISOR</b>	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <b>ELEVATOR MAINT, REPAIR, SERVICE, CRANE MAINT, REPAIR, SERVICE</b>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <b>TRACTION (GEARED &amp; GEARLESS) HYDRAULIC, ESCALATORS</b>				
NAME OF PREVIOUS EMPLOYER <b>THYSSEN KRUPP ELEVATOR</b>			DATES EMPLOYED (Month / Day / Year) *	
ADDRESS <b>35432 Industrial</b>			CITY <b>LIVONIA</b>	STATE <b>MICH</b>
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) <b>JOURNEYMAN</b>			YOUR SUPERVISOR'S NAME AND TITLE <b>DAVE TAYLOR MAINT/SERVICE SUPERVISOR</b>	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <b>ON CALL, SERVICE, REPAIR, CUSTOMER RELATIONS</b>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <b>GEARED, GEARLESS, HYDRAULIC, ESCALATORS</b>				
NAME OF PREVIOUS EMPLOYER <b>CARDNER ELEVATOR</b>			DATES EMPLOYED (Month / Day / Year)	
ADDRESS <b>729 Melburn ST</b>			CITY <b>DETROIT</b>	STATE <b>MICH</b>
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) <b>JOURNEYMAN</b>			YOUR SUPERVISOR'S NAME AND TITLE <b>MIKE CARDNER SUPERVISOR</b>	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <b>CALL BACKS, SERVICE, REPAIR</b>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <b>GEARED, GEARLESS, HYDRAULIC, ESCALATORS</b>				

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

CERTIFICATION AND SIGNATURE

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

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

SIGNATURE OF APPLICANT 	DATE <b>7/16/2014</b>
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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

June 26, 2014

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 Thomas H. Fagan as being December 5, 1988. As of March 2014 he has worked a total of 45,702 hours, which works out to be 26 ½ years working in the field. This information came from the National Elevator Industry Health Benefit Plan.

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

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

Sincerely,

Michael E. Vandervennet  
Business Representative  
I.U.E.C. Local 36

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

**DTE Energy**



July 2, 2014

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 Thomas H. Fagan at DTE Energy. Thomas's Class A State of Michigan Elevator Journeyman license number is # 22200431. Thomas has worked as a State of Michigan Elevator Journeyman at DTE Energy since May 5, 2014. Thomas 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

July 14,2014

Michigan Department of Energy, Labor & Economic Growth

Bureau of Construction Codes.

Elevator Safety Division

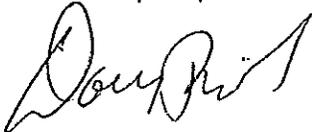
Elevator Safety Board

P.O. Box 30255

Lansing, Michigan 48909

Board Members,

I would like to refer Thomas Fagan the opportunity to sit for the State of Michigan Elevator Contractor Exam. I have known Tom for 15 years and worked directly with him at Thyssen Krupp Elevator in 2006. I also work with him now at Dte Energy. I can personally attest to Tom's work skills and ethics as an elevator journeyman. Tom is very knowledgeable in many aspects of elevator and escalator service and maintenance.



Doug Priehs

DTE Energy

Elevator Regional Rep.

Journeyman License # 2200094

Contractor License # 2103388

City of Detroit License #'s

Journeyman 01183

Contractor 00112

THOMAS H FAGAN



OBJECTIVE

To work in a position that allows for company growth due to excellent customer service and maintenance through my years of knowledge experience.

EMPLOYMENT

Elevator Journeyman  
*DTE Energy*

May 2014-Present

Elevator Journeyman  
*Thyssen Krupp Elevator*

Dec 2013-May 2014

Route mechanic, maintenance, service, customer relations, responsible for parts, escalator maintenance and service. On call after hours, responsible for large accounts.

Elevator Journeyman  
Lardner

Oct 2013-Dec 2013

Elevator Journeyman  
Elevator Technology

Dec 2012-Oct 2013  
Laid-off

Millwright Journeyman  
Commercial Contractors Corp

Sept 2012-Dec 2012

Elevator Journeyman  
Thyssen Krupp Elevator

Nov 2005-Sept 2012  
Laid-off

Elevator Journeyman  
Kone Elevator

Nov 2000-Oct 2005



# City of Detroit

Buildings, Safety Engineering & Environmental Department  
402 Coleman A. Young Municipal Center  
Detroit, MI 48226

This is to certify that THOMAS FAGAN is qualified to perform the functions of the licenses listed below, and is duly licensed as indicated hereon in accordance with the applicable city ordinances.

Fee amount:

\$ 45.00

Elevator Journeyman

Issued: 10/12/2012 Expires: 12/9/2012

License Number: LIC2001-00881

THOMAS FAGAN



*Michael Taylor*  
Deputy Director

License may be revoked upon violation of any provisions of the ordinance or other rules and regulations covering this particular activity.

RICK SLYDER  
GOVERNOR

## MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF CONSTRUCTION CODES

### CLASS A ELEVATOR JOURNEYPERSON LICENSE INSTALL, REPAIR & MAINTAIN ANY ELEVATING DEVICE

FAGAN, THOMAS H



LICENSE NO.

2200431

EXPIRATION DATE

08/26/2013

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

ACC-910(9/11)



City of Detroit  
 Buildings, Safety Engineering and Environmental Department  
 402 Coleman A. Young Municipal Center  
 Detroit, MI 48226  
 313-224-3168

**Receipt**

Issued to:

**THOMAS FAGAN**  


License Number LIC2014-00229  
 Date Issued: 7/17/2014  
 Expiration Date: 12/31/2014

Elevator Contractor

Fee Amount:  
 \$ 142.00



City of Detroit  
 Buildings, Safety Engineering & Environmental Department  
 402 Coleman A. Young Municipal Center, Detroit, MI 48226

License Number LIC2014-00229  
 Elevator Contractor

THOMAS FAGAN is duly-licensed as indicated hereon in  
 accordance with the applicable city ordinances.

Expires: 12/31/2014

*David Bell*, Building Official



**City of Detroit**  
 Buildings, Safety Engineering & Environmental Department  
 402 Coleman A. Young Municipal Center  
 Detroit, MI 48226

This is to certify that THOMAS FAGAN is qualified to perform the functions of the license listed below and is duly-licensed as indicated hereon in accordance with the applicable city ordinances.

Fee amount: Elevator Contractor  
 \$ 142.00 Issued: 7/17/2014 Expires: 12/31/2014  
License Number LIC2014-00229

**THOMAS FAGAN**  


*David Bell*  
 Building Official

License may be revoked upon violation of any provisions of the ordinance or other rules and regulations covering this particular activity.



City of Detroit  
 Buildings, Safety Engineering and Environmental Department  
 402 Coleman A. Young Municipal Center  
 Detroit, MI 48226  
 313-224-3168

**Receipt**

Issued to:

THOMAS FAGAN  
 [Redacted]

License Number LIC2001-00881  
 Date Issued: 7/17/2014  
 Expiration Date: 12/9/2014

Elevator Journeyman

Fee Amount:  
 45.00

City of Detroit  
 Buildings, Safety Engineering & Environmental Department  
 402 Coleman A. Young Municipal Center, Detroit, MI 48226  
 License Number LIC2001-00881

Fee Amount: Elevator Journeyman  
 \$ 45.00

This is to certify that THOMAS FAGAN is qualified to perform the functions of the license(s) listed above, and is duly licensed as indicated hereon in accordance with the applicable city ordinances.

Expires: 12/9/2014 *David Bell* Building Official



**City of Detroit**

Buildings, Safety Engineering & Environmental Department  
 402 Coleman A. Young Municipal Center  
 Detroit, MI 48226

This is to certify that THOMAS FAGAN is qualified to perform the functions of the licenses listed below, and is duly licensed as indicated hereon in accordance with the applicable city ordinances.

Fee amount:  
 \$ 45.00

Elevator Journeyman  
 Issued: 7/17/2014 Expires: 12/9/2014  
 License Number LIC2001-00881

THOMAS FAGAN  
 [Redacted]

*David Bell*  
 Building Official

License may be revoked upon violation of any provisions of the ordinance or other rules and regulations covering this particular activity.



# 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

Thomas H. Fagan

Student Certification #: 17211

Hire Date: 12/1/1988

HAS IN ACCORDANCE WITH THE REQUIREMENTS ESTABLISHED BY THE NEIEP BOARD OF TRUSTEES, SUCCESSFULLY COMPLETED THE CURRICULUM OF THE NATIONAL ELEVATOR INDUSTRY EDUCATIONAL PROGRAM.



*J. J. O'Donnell*

NATIONAL DIRECTOR  
Thursday, July 17, 2014

4 Years of Required Curriculum have been completed

Apprentice Course	Date Completed	Apprentice Course	Date Completed
100 - Trade Skills	5/1/1990	500 - Installation	6/12/1995
200 - Hoistway Structures	5/1/1990	600 - Solid State	6/11/1998
300 - Electrical Fundamentals	11/22/1999	700 - Power & Logic	6/11/1998
400 - Electrical Theory & Application	11/22/1999	800 - Advanced Topics In Elevators	6/12/1995

Mechanic Exam Certificate Granted on 11/22/1999

**Other Certificates:**

(2004, 8 Hours) Door Operator Series

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

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

5/2010



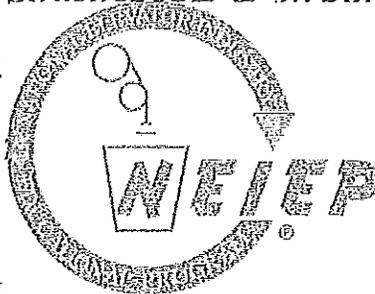
# NATIONAL ELEVATOR INDUSTRY EDUCATIONAL PROGRAM

*Be it known that*

## Thomas H. Fagan

*is hereby awarded this Certificate in recognition  
of having successfully completed a Mechanic's Examination*

*held in  
National Elevator*



*the  
National Program*

  
CHAIRMAN, BOARD OF TRUSTEES

NOVEMBER 24, 1999  
DATE OF EXAM

  
NEIEP DIRECTOR

Local No. 36

NSI No. 17211

Certificate No. Mech-19991122

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

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

OFFICE USE ONLY

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

EXAMINATION FEE: \$100.00 (nonrefundable)

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

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

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION?  No  Yes

180  
Trsr Info: 19683668-1 06/02/14  
CHECK: [REDACTED] Amt: \$100.00  
LARA BUREAU OF CONSTRUCTION CODES

APPLICANT INFORMATION

CLASS	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C - Device Type _____
NAME	Jason A. Gwin		

COMPANY REPRESENTING

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

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

NAME Stacey Winters	NAME Bob Friedrichs	
ADDRESS	ADDRESS	
NAME Jerry Virzi	NAME	
ADDRESS	ADDRESS	
CITY	STATE	ZIP CODE

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

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

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

NAME OF PRESENT OR LAST EMPLOYER <i>Toledo Elevator &amp; Machine Co. Inc</i>			DATES EMPLOYED (Month / Day / Year)	
ADDRESS <i>221 N. Detroit Ave.</i>			CITY <i>Toledo</i>	STATE <i>Ohio</i>
			FROM: <i>2-25-08</i>	TO: <i>Present</i>
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) <i>Elev Journeyman / President</i>		YOUR SUPERVISOR'S NAME AND TITLE <i>JASON GWIN, President</i>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>Construction, maintenance, Repair</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>Both geared &amp; gearless traction, Hydraulic, both direct &amp; Roped, Vertical Platform Lifts LULAS Sidewalk Lifts, Dumbwaiters &amp; manlifts</i>				
NAME OF PREVIOUS EMPLOYER <i>Otis Elevator</i>			DATES EMPLOYED (Month / Day / Year)	
ADDRESS <i>5960 Angola</i>			CITY <i>Holland</i>	STATE <i>Ohio</i>
			FROM: <i>12-13-03</i>	TO: <i>2-25-08</i>
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) <i>Elevator Journeyman</i>		YOUR SUPERVISOR'S NAME AND TITLE <i>Bill Anderson - Supervision Toledo Branch</i>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>Modernization, Full Time Maint Technician at Local Hosp.</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>Geared &amp; gearless Traction, Hydro Roped &amp; Direct Dumbwaiters</i>				
NAME OF PREVIOUS EMPLOYER <i>Thysen Dover Elevator</i>			DATES EMPLOYED (Month / Day / Year)	
ADDRESS <i>McNervey Rd.</i>			CITY	STATE
			FROM: <i>1-98</i>	TO: <i>12-03</i>
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) <i>Apprentice</i>		YOUR SUPERVISOR'S NAME AND TITLE <i>Scott Zahmers or Don Cook</i>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>New Construction, service, repair &amp; Modernization</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>Traction, geared &amp; Gearless, Hydraulic Direct, <del>and</del> escalators &amp; Dumbwaiters</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 of Energy, Labor and Economic Growth, Bureau of Construction Codes.	
SIGNATURE OF APPLICANT <i>Jason A. Gwin</i>	DATE <i>May 13, 2014</i>



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

May 13, 2014

To Whom It May Concern:

Please allow this letter to serve as reference for Jason Gwin. I have worked with Jason at Toledo Elevator for the last 5-3/4<sup>th</sup> years. Jason currently holds a Class A Journeyman's license. Jason's job duties include, but are not limited to the following:

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

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

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

Sincerely

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

Stacey Winters

Toledo Elevator and Machine Company Inc.



LOCAL UNION NO. 44

OF THE

# International Union of Elevator Constructors

AFFILIATED WITH THE AFL - CIO

PHONE (419) 242-7902



FAX (419) 242-6627

Monday, February 24, 2014

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

Subject: Elevator Contractor Licensing Verification

To Whom It May Concern,

Please allow the following information to serve as verification of proof of eligibility for a Michigan Elevator Contractor's License to the individual named herein. The information contained herein, has been collected from the International Union of Elevator Constructors, National Elevator Industry Educational Program (NEIEP) as well as the National Elevator Industry Health Benefits Plans. The hours as reported herein, are the total as worked through the December 2013 reporting period. These hours do not include hours worked as a "probationary employee", which normally are a minimum of 600 hours. Jason A. Gwin, social security number XXX-XX-██████ has an industry start date of 07/29/1998 and has worked a total of 28,006.89 hours through the December 2013 reporting period. . Mr. Gwin has spent those hours working in the elevator industry in the areas of construction, service, modernization, and/or maintenance.

Mr. Gwin has completed the Elevator Industry Apprenticeship Program and successfully challenged and passed the NEIEP administered Mechanic's Examination on October 18, 2005. Please find enclosed a copy of the NEIEP education and mechanic's certification.

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

Respectfully,

Robert J Fredericks  
Business Manager, IUEC Local # 44



# National Elevator Industry Educational Program

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

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

## Student Certificate Statement

Jason A. Gwin

Certification #: 33181

Hire Date: 7/29/1998

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  
Monday February 24, 2014

### 4 Years of Required Curriculum have been completed

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

Mechanic Exam Certificate Granted on 10/18/2005

### Other Certificates

(2004, 24 Hours) Mechanic Exam Review

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

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



**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>Vertical Mobility of Toledo</i>			DATES EMPLOYED (Month / Day / Year) FROM: TO:	
ADDRESS <i>425 Eberle</i>	CITY <i>Toledo</i>	STATE <i>Ohio</i>	<i>3/2013 Present</i>	
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <i>Manning Member</i>		YOUR SUPERVISOR'S NAME AND TITLE <i>Don Brimmer</i>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>All Duties</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>Traction, Hydraulic, Stage Lift, Wheelchair Lift, Man Lift, Incline chair</i>				
NAME OF PREVIOUS EMPLOYER <i>Toledo Elevator and Machine</i>			DATES EMPLOYED (Month / Day / Year) FROM: TO:	
ADDRESS <i>221 N. Detroit</i>	CITY <i>Toledo</i>	STATE <i>Ohio</i>	<i>7/95 2/2013</i>	
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <i>Journeyperson / Adjuster</i>		YOUR SUPERVISOR'S NAME AND TITLE <i>Dave Walz</i>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>All Duties</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>All Equipment</i>				
NAME OF PREVIOUS EMPLOYER <i>Dover Elevator</i>			DATES EMPLOYED (Month / Day / Year) FROM: TO:	
ADDRESS <i>2533 Tracy rd</i>	CITY <i>Northwood</i>	STATE <i>Ohio</i>	<i>7/94 7/95</i>	
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <i>Apprentice</i>		YOUR SUPERVISOR'S NAME AND TITLE <i>Al Pardee</i>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>All Duties</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>All Equipment</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>William A. Fisher</i>	DATE <i>9-21-2014</i>



# Maveric Properties

Brian Mahas  
912 S. Byrne  
Toledo, OH 43609  
October 25, 2013

Don Brimmer  
Vertical Mobility of Toledo  
PO Box 351873  
Toledo, OH 43615

Dear Mr. Brimmer,

I am writing to recommend Vertical Mobility as an effective and efficient supplier for the purposes of elevator maintenance, troubleshooting and repair. I have had the pleasure of watching Don and his team correctly identify, diagnose and repair issues associated with my elevator, located at the Saxon House in Toledo Ohio. I am happy to report that it was done professionally and effectively.

As a small business, cost is of utmost importance to me and was a primary reason for our choosing of Vertical Mobility. I was very pleased that the work and effectiveness of the team was even better than we were receiving from the larger, more recognized companies. As a small business themselves, the customer focus and satisfaction are both personal and exceptional.

We have chosen Vertical Mobility as our preferred supplier for our elevator and are looking forward to a long partnership.

Sincerely,

Brian Mahas  
Maveric Properties  
(419) 380-8888

912 South Byrne • Toledo, Ohio 43609 • (419) 380-8888 • (419) 897-8888 fax



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, September 18, 2014

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: Employment Verification, Huber, William A.

Please allow this letter to verify elevator industry employment of Huber, William A. Social Security Number ending in 6196. According to the Local's records, Huber, William A. entered the elevator industry on 07/08/1994. Huber, William A. became a mechanic certified by NEIEP (National Elevator Industry Educational Program) on September 13, 1999.

Huber, William A. has worked for various elevator companies at various locations during his elevator career. Huber, William A. has been steadily employed (except possibly for short periods due to lack of work in the installation, modernization, service, and maintenance of regulated lifting devices.

To my knowledge, Huber, William A. has worked at all phases of elevator installation, maintenance, and repair. Huber, William A. has worked 37,818.7 hours in the elevator industry as reported through the June 2014 reporting period.

Respectfully,

Robert Fredericks  
Business Manager IUEC # 44



419-214-7460  
P.O. Box 351871  
Toledo Ohio 43615  
VerticalMobilityToledo.com

September 22, 2014

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

Employment Verification for William Huber

Please accept this letter to serve as verification of William Huber's employment in the Elevator Industry.

I have had the privilege of working with William in the Elevator Industry since February of 1999, when I was hired in at Toledo Elevator and Machine Company. During our time at Toledo Elevator we performed all aspects of installation, repair, maintenance and modernization on various types of regulated lifting devices. In February of 2013, William left Toledo Elevator and joined Scott Macy and me to form Vertical Mobility of Toledo LLC.

Please contact me with any questions or concerns.

Thank you.

*Donald Brimmer*

Donald Brimmer  
Managing Member  
Vertical Mobility of Toledo LLC  
419-214-7460  
Don@VerticalMobilityToledo.com

Versailles in the Woods II  
Home Owners Association

8/20/2014

Donald Brimmer  
Vertical Mobility of Toledo LLC  
425 Eberle Dr.  
Toledo, OH 43615

Thank you Don.

I must say that this whole modernization project has gone well. Because of your efforts, and those of Scott & Bill, my expectations were exceeded.

Additionally, the help you gave in identifying the work required by other trades was invaluable. No other bidding firm was as detailed as Vertical Mobility. We ended up with just over \$23K in all costs of other trades. Not bad!

Lastly, but certainly not least. You guys have been great on the maintenance end. I never thought I would get a fair shake from an elevator company. Besides great response times, your pricing of both normal and extra work is very fair, and I doubt any competitor could compete with your rates. You actually deliver what you promise.

Thank you again.

Bill Weimer, RPA

Property Manager  
Versailles in the Woods II  
Home Owners Association

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

183

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

OFFICE USE ONLY

DIVISION ACTION	DATE
<input 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

Trans Informat 19891987-1 10/09/14

CHK#: [REDACTED] Amt: \$100.00

TO: VERTICAL MOBILITY OF TOLEDO LLC

**APPLICANT INFORMATION**

CLASS		
<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C - Device Type _____
NAME	SCOTT M. MACY	

**COMPANY REPRESENTING**

COMPANY NAME		
VERTICAL MOBILITY OF TOLEDO LLC		
ADDRESS		BUSINESS TELEPHONE NUMBER (include Area Code)
P.O. Box 351871		419 214 7460
CITY	STATE	ZIP CODE
TOLEDO	OHIO	43615

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

NAME	NAME
ROBERT FREDRICKS (LOCAL 44)	William Huber
NAME	NAME
DONALD BEIMMER	
ADDRESS	ADDRESS
CITY	STATE
	ZIP CODE

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

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

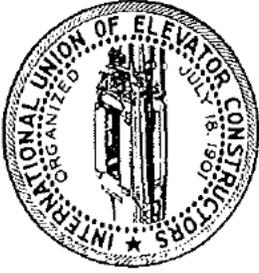
State definitively your qualifying installation and servicing experience on equipment, similar to that for which license is required. Give names and addresses of firms with whom employed, duties, length of service and dates of employment. Present available documentary evidence to substantiate experience.

NAME OF PRESENT OR LAST EMPLOYER <b>VERTICAL MOBILITY OF TOLEDO LLC</b>			DATES EMPLOYED (Month / Day / Year) FROM: TO:	
ADDRESS <b>P.O. Box 351871</b>			CITY <b>TOLEDO</b>	STATE <b>OHIO</b>
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) <b>MANAGING MEMBER</b>			YOUR SUPERVISOR'S NAME AND TITLE <b>DON BRIMMER</b>	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <b>NEW CONSTRUCTION, SERVICE, REPAIR, MAINTENANCE</b>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <b>TRACTION - GEARED, GEARLESS HYDRO - DIRECT, ROPED DUMBWATERS</b>				
NAME OF PREVIOUS EMPLOYER <b>TOLEDO ELEVATOR &amp; MACHINE</b>			DATES EMPLOYED (Month / Day / Year) FROM: TO:	
ADDRESS <b>221 DETROIT</b>			CITY <b>TOLEDO</b>	STATE <b>OHIO</b>
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) <b>JOURNEYPERSON</b>			YOUR SUPERVISOR'S NAME AND TITLE <b>DAVID WALZ</b>	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <b>NEW CONSTRUCTION, SERVICE, REPAIR, ADJUSTER MAINTENANCE</b>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <b>TRACTION - GEARED, GEARLESS ESCALATORS STAGE LIFTS HYDRO - DIRECT, ROPED, DUMBWATERS BELT LIFTS</b>				
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year)	
ADDRESS			CITY	STATE
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.)			YOUR SUPERVISOR'S NAME AND TITLE	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.)				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.)				

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

**CERTIFICATION AND SIGNATURE**

I certify all statements are true to the best of my knowledge and that all work shall be done according to the State of Michigan elevator law, rules and regulations adopted by the Elevator Safety Board.	
I also certify I am actively employed by the company I'm representing and that in the event of my leaving said firm, agree to immediately notify the Michigan Department Licensing and Regulatory Affairs, Bureau of Construction Codes.	
SIGNATURE OF APPLICANT 	DATE <b>9-21-14</b>



LOCAL UNION NO. 44

OF THE

# International Union of Elevator Constructors

AFFILIATED WITH THE AFL - CIO

PHONE (419) 242-7902



FAX (419) 242-6627

Monday, September 15, 2014

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: Employment Verification, Scott Macy

Please allow this letter to verify elevator industry employment of Scott Macy Social Security Number ending in [REDACTED]. According to the Local's records, Scott Macy entered the elevator industry on 07/26/1999. Scott Macy became a mechanic certified by NEIEP (National Elevator Industry Educational Program) on July 15, 2004.

Scott Macy has worked for various elevator companies at various locations during his elevator career. Scott Macy has been steadily employed (except possibly for short periods due to lack of work in the installation, modernization, service, and maintenance of regulated lifting devices.

To my knowledge, Scott Macy has worked at all phases of elevator installation, maintenance, and repair. Scott Macy has worked 27,815.65 hours in the elevator industry as reported through the June 2014 reporting period.

Respectfully,

Robert Fredericks  
Business Manager IUEC # 44



419-214-7460  
P.O. Box 351871  
Toledo Ohio 43615  
VerticalMobilityToledo.com

September 22, 2014

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

Employment Verification for Scott Macy

Please accept this letter to serve as verification of Scott Macy's employment in the Elevator Industry.

I have had the privilege of working with Scott in the Elevator Industry since July of 1999, when he was hired in at Toledo Elevator and Machine Company. During our time at Toledo Elevator we performed all aspects of installation, repair, maintenance and modernization on various types of regulated lifting devices. In February of 2013, Scott left Toledo Elevator and joined Bill Huber and me to form Vertical Mobility of Toledo LLC.

Please contact me with any questions or concerns.

Thank you.

*Donald Brimmer*

Donald Brimmer  
Managing Member  
Vertical Mobility of Toledo LLC  
419-214-7460  
Don@VerticalMobilityToledo.com

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

183

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

OFFICE USE ONLY

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

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

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

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

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION?  No  Yes

Tran Info: 180 19893144-1 10/09/14  
Chk#: [REDACTED] Amt: \$100.00  
ID: GREAT LAKES ELEVATOR LLC

**APPLICANT INFORMATION**

CLASS	<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C - Device Type	
NAME	Arnim W. Seeger	

**COMPANY REPRESENTING**

COMPANY NAME	Great Lakes Elevator	
ADDRESS	BUSINESS TELEPHONE NUMBER (Include Area Code)	
530 E. Grand River Road	517-655-5400	
CITY	STATE	ZIP CODE
Williamston	MI	48895

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

NAME	NAME	
Scott Simmons	Ron Baldwin	
NAME	NAME	
Werner Seeger (Kenya Lift Co Ltd)		
ADDRESS		
CITY	STATE	ZIP CODE

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

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

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

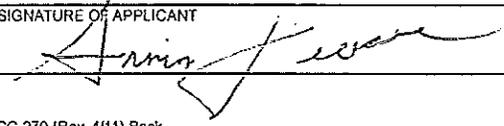
NAME OF PRESENT OR LAST EMPLOYER Great Lakes Elevator			DATES EMPLOYED (Month / Day / Year)	
ADDRESS 530 E. Grand River Rd			CITY Williamston	STATE MI
			FROM: 7/2013	TO: present
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) Maintenance Supervisor			YOUR SUPERVISOR'S NAME AND TITLE Scott Simmons, Owner	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Oversees all maintenance done throughout the state of Michigan by GLE; Troubleshoots + repairs all types of elevators; Adjusting				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Traction, hydraulic, stage lifts, chair lifts, VPLs				

NAME OF PREVIOUS EMPLOYER Kenya Lift Company LTD			DATES EMPLOYED (Month / Day / Year)	
ADDRESS PO Box 14115-00800			CITY Nairobi	STATE-COUNTRY Kenya
			FROM: 5/2011 → 5/2012	TO: 4/1985 → 2/1992
YOUR JOB TITLE (Apprentice, Journeyperson, 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 + repairs, sales				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Geared + Gearless traction elevators, MRL, hydraulic indirect dumbwaiters				

NAME OF PREVIOUS EMPLOYER Thussen Krupp Elevadores			DATES EMPLOYED (Month / Day / Year)	
ADDRESS Foneria 14-16			CITY Barcelona	STATE-COUNTRY Spain
			FROM: 4/2004	TO: 4/2011
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) Maintenance + Repair Technician			YOUR SUPERVISOR'S NAME AND TITLE Emilio Nieves Alarcon	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) maintenance, service, repair + adjuster				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) geared + gearless traction, indirect → direct hydraulic dumbwaiters, escalators				

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

**CERTIFICATION AND SIGNATURE**

I certify all statements are true to the best of my knowledge and that all work shall be done according to the State of Michigan elevator law, rules and regulations adopted by the Elevator Safety Board.	
I also certify I am actively employed by the company I'm representing and that in the event of my leaving said firm, agree to immediately notify the Michigan Department Licensing and Regulatory Affairs, Bureau of Construction Codes.	
SIGNATURE OF APPLICANT 	DATE 10/9/14

2201755

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.

2201755

12 February 1992

**kenya Lift  
services ltd.**

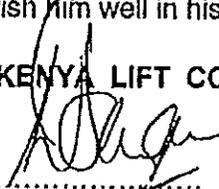
*Hauslift Aufzüge*  
p.o. box 14115  
00800-nairobi kenya  
waumini house westlands  
tel 254 (20) 4440296, 4443929  
fax 254 (20) 4441174  
e-mail: kenlift@wananchi.com

TO WHOM IT MAY CONCERN:

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

We wish him well in his future endeavours.

For: KENYA LIFT CO. LTD.



P.P.<sup>u</sup> WERNER SEEGER  
Managing Director



2201755

# GLOBAL · LT

Translation. Tutoring. Training.

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.º 14-16 of this city

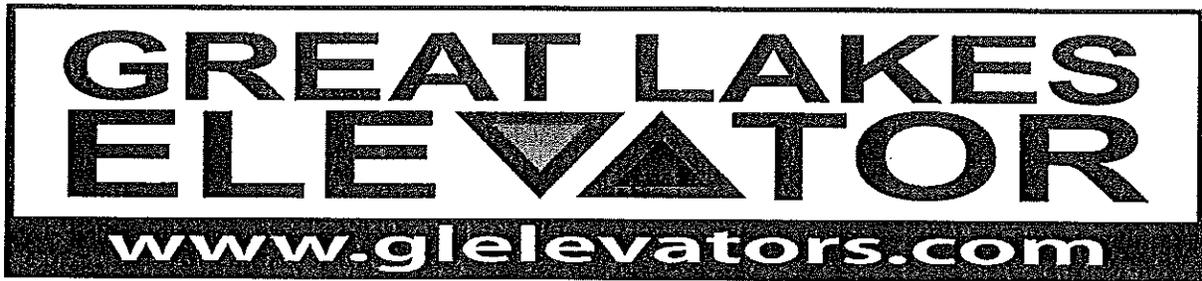
## DECLARES

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, S.L.  
C/Ciudades, s/n - 28021 Madrid  
P: 913 796 300 - F: 913 796 439



530 E. Grand River Road  
Williamston, MI 48895  
517-655-5400

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

October 9, 2014

To Whom It May Concern:

Arnim W. Seeger has been in my employment since July of 2013. During this time he has worked in all aspects of the elevator trade including supervision, modernization, installation, repairs, and maintenance. Arnim's time has been spent being the maintenance supervisor of my company. He is currently a Michigan Elevator Journeyman. He currently specializes in all aspects of maintenance. Arnim has been an integral part of my company's growth over the last year. Before he started working for me, Arnim had over 25 years of experience as a maintenance supervisor and field operations manager. I have attached his resume. Arnim is more than qualified to take the elevator contractor's exam. Please feel free to contact me with any questions or concerns.

Thanks,

A handwritten signature in cursive script that reads "Scott Simmons".

Scott Simmons  
CEO, Great Lakes Elevator  
517-719-6466



530 E. Grand River Road  
Williamston, MI 48895  
517-655-5400

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

October 9, 2014

To Whom It May Concern:

I have known Arnim Seeger for over a year while he has been employed by Great Lakes Elevator. He is the maintenance supervisor for Great Lakes Elevator. I know he has over 25 years' experience prior to working for GLE. He has a lot of knowledge of all aspects of the elevator trade. Arnim has received his Michigan journeyman's license within the past year. I believe that Arnim is more than qualified to sit for the contractor's license exam. I am recommending that the board qualify him to take the examination.

Thanks,

A handwritten signature in cursive script that reads "Ron Baldwin".

Ron Baldwin  
Sales Manager  
616-307-4444

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

183

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

OFFICE USE ONLY

DIVISION ACTION	DATE
<input 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

Trans Info: 180 19893137-3 10/09/14  
Chk#: [REDACTED] Amt: \$100.00  
ID: GREAT LAKES ELEVATOR LLC

APPLICANT INFORMATION

CLASS	<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C - Device Type	
NAME	John Simmons (Scott)	

COMPANY REPRESENTING

COMPANY NAME Great Lakes Elevator		
ADDRESS 530 E. Grand River Road		BUSINESS TELEPHONE NUMBER (include Area Code) 517-655-5400
CITY Williamston	STATE MI	ZIP CODE 48895

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 Pete Fox	NAME David Lint
NAME Ron Baldwin	NAME
ADDRESS	ADDRESS
CITY	STATE
	ZIP CODE

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

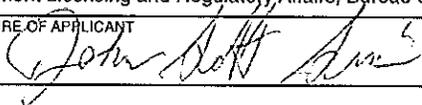
EMPLOYMENT HISTORY - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

State definitely 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 Great Lakes Elevator			DATES EMPLOYED (Month / Day / Year)	
ADDRESS 530 E. Grand River Rd			CITY Williamston	STATE MI
			FROM: 12/10/10	TO: present
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) Owner, Supervisor, Foreman			YOUR SUPERVISOR'S NAME AND TITLE John Simmons (self)	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) New construction, modernization, maintenance, repairs				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Traction, MRL, Hydraulic, Chairlifts, Stairlifts, VPL, LUL A				
NAME OF PREVIOUS EMPLOYER Thyssen Krupp			DATES EMPLOYED (Month / Day / Year)	
ADDRESS 2801 Network Blvd, #700			CITY Frisco	STATE TX
			FROM: Jul 2003	TO: Jan 2011
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) Director of Field Support			YOUR SUPERVISOR'S NAME AND TITLE Barry Pletch, President	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Worked with engineers to make more field friendly Trained N. American Field Force on Installation Techniques				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Hydraulics, Traction, MRLS, Gearless				
NAME OF PREVIOUS EMPLOYER OTIS Elevator			DATES EMPLOYED (Month / Day / Year)	
ADDRESS 1331 Curry Pike			CITY Bloomington	STATE IN
			FROM: Jun 1981	TO: Jul 2003
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) Apprentice → Director of Field Support			YOUR SUPERVISOR'S NAME AND TITLE America Lou Rinaldo, Mfg President	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Began as apprentice, mechanic, eventually trained N. American field force, Safety Supervisor				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Hydraulics, Traction, MRLS, Gearless				

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 10/7/14

October 2, 2014

State of Michigan

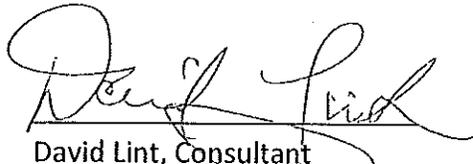
RE: Contractor's License Recommendation

To Whom It May Concern,

I would like to recommend John "Scott" Simmons to take the contractor's test for his elevator contractor's license. I worked with Scott at OTIS elevator where I worked as a mechanic and adjuster. I have also been around him in my consulting work. I work as an elevator consultant and have consulted on some of his jobs. Scott has the knowledge to take his contractor's test. I know that he has been in the business over 30 years and has worked in every aspect.

Due to all of the experience Scott has had in the elevator field, I believe he would be a good candidate to take his contractor's test. Working all aspects of the field are an asset to his portfolio and shows his expertise.

Thank you,



David Lint, Consultant

October 2, 2014

State of Michigan

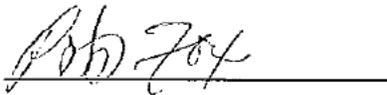
RE: Contractor's License Recommendation

To Whom It May Concern,

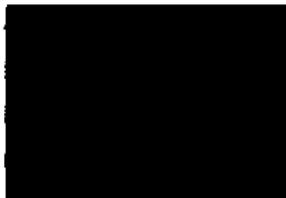
I would like to recommend John "Scott" Simmons to take the contractor's test for his elevator contractor's license. I have been familiar with him working in the business for more than 20 years. I have worked with or around him in the field with Otis and in the field and office with Otis and ThyssenKrupp.

Scott is a very hard worker and has extensive knowledge in the elevator contracting business. He was responsible for the success of many projects and has been instrumental in finding new ways to improve safety standards and installations.

Thank you,



Pete Fox, Federal Elevator Inspector (Former State of MI Elevator Chief)  
Elevator and Vertical Transportation Educational Associates, Inc.





530 E. GRAND RIVER RD. P.O. Box 383 WILLIAMSTON, MI 48895  
p:(517)655-5400/f:(517)655-5461  
e:info@glelevators.com/w: www.glelevators.com

October 7, 2014

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

Dear Members of the Board:

For those of you who do not know me, my name is Scott Simmons. I have been in the elevator business since the early 1980s. I took and passed by IUEC journeyman test in 1984. In 1986 I took and passed my state of Michigan journeyman test. I have had extensive experience in the industry for over 30 years as a hands on mechanic and supervisor. If you have any further questions on my experience, I have attached my resume. Thank you for your attention to these details.

Thanks,

A handwritten signature in cursive script that reads "Scott Simmons".

Scott Simmons

**Scott Simmons**  
**Great Lakes Elevator**  
**CEO, Director Field Operations**  
**530 E. Grand River Road**  
**Williamston, MI 48895**  
**517-719-6466**

## **GREAT LAKES ELEVATOR**

### **PRESIDENT**

Feb 2011 to Present

Responsibilities and Accomplishments:

- Manage day to day operations of Great Lakes Elevator in Michigan and surrounding states.
- Install non-proprietary model plug and play elevators to fit non-union applications to save customers significant installation and service costs.
- Install and service all brands of lifts for Michigan and surrounding states, including stair lifts, escalators, walks, LULA's, MRL's, service passenger and freight elevators.

## **ThyssenKrupp Elevator Company**

**Director of Field Support for North America** Jul 2003 to Jan 2011

Responsibilities and Accomplishments:

- Development of policies, processes and training for over 5000 field and management associates throughout North America.
- Worked with field and factory to make the products more field and customer friendly. R/D the MRL, hydro and traction products as well as to upgrade quality process to fix future issues.

## **United Technologies Corporation, Otis Elevator Company**

**Director of Field Support & Tool Facility for North & South America**

**Worldwide Field Council, Representative for North & South America**

**Otis University, Board Member**

Mar 1999 to Jul 2003

Responsibilities and Accomplishments:

- Development of policies, processes and training for over 7000 field and management associates throughout North & South America.  
  
Sales released and field proofed GEN2 and Twin Post telescopic.
- Improved installation efficiencies by 48% resulting in profit improvement of over 1,700% (18 fold) since 1997 through strategic implementation of standard work processes and product design improvements.
- Recognized as industry leader in safety by ensuring 0 serious/fatal accidents year after year with an average of 12 million hours worked per year.
- Re-created and managed The Tool Facility, which provides turnkey support to branch offices resulting in improved productivity and safety.
- Transformed The Tool Facility from a loss operation to a highly recognized profit center.
- Received President's Award for Outstanding Performance in 2000.
- Received President's Award for Leadership, Safety and Process Improvement 2002.
- Received the Otis N.E. Field Award for Doubling Profits In One Year.

**"Road to 100" Process**

Mar 1998 to Feb 1999

**Trainer for North America**

Responsibilities and Accomplishments:

- Training and development of superintendents, sales and local office staff.
- Developed and implemented New Equipment training program for Managers, Sales Representatives, Superintendents and Installers.

- Selected for position by company president due to track record of best construction and safety performance in North America.
- Received President's Award for Extraordinary Leadership in Quality and Process Improvement in 1998.

**Construction Superintendent, State of Michigan & Northern Indiana** Oct 1993 to Feb 1998  
Responsibilities and Accomplishments

- Recognized as the nationwide leader in installation efficiency and safety performance.
- Recognized for turning Otis' negative margin new construction business into a profitable venture.
- Exceeded Otis' historic best-in-class performance by over 70 percent through the creation of standard work processes and effective communication with work group and general contractors.
- Received President's Award for Extraordinary Management Effectiveness in 1996.
- Received President's Award for Extraordinary Leadership in Quality Improvement and Installation Efficiency in 1995.

**Foreman, Michigan (Entire State)** Jan 1986 to Sept 1993  
Responsibilities and Accomplishments:

- Achieved best installation efficiencies and safety performance in the US.
- Selected as Mechanic of the Year in 1987 and 1988.

**Helper, Mechanic, & Foreman, Houston, TX** Jun 1981 to Dec 1985  
Responsibilities and Accomplishments:

- Promoted very rapidly from Helper to Temporary Mechanic due to strong work ethic, and mechanical and electrical aptitude.
- Became T.M. the day inducted into the union.
- Quickly Recognized as a leader and effective communicator and quickly promoted to Foreman.

- Installed a wide range of equipment including relay logic and microprocessor technology.
- Installed elevators ranging from 75 stories gearless to several stop hydraulic equipment.

### **Affiliations and Certifications**

Otis World Wide Field Council 1999-2003  
 USA/Otis University Board Member 1998-2003  
 NAESA, Active Member 2002-Present  
 QEI (Qualified Elevator Inspector) Certified 2002-Present  
 Elevator Journeyman License, State of Michigan 1985-Present  
 IUEC Elevator Mechanic 1984-Present  
 Certified Welder 1983-Present

### **Awards and Recognitions**

Otis N.E. Field Award for Doubling Profit In One Year 2002  
 The President's Award for Leadership, Safety and Process Improvement 2002  
 The President's Award for Outstanding Performance 2000  
 The President's Award for Extraordinary Leadership in Quality and Process Improvement 1998  
 The President's Award for Extraordinary Management Effectiveness 1996  
 The President's Award for Extraordinary Leadership in Quality Improvement and Installation Efficiency 1995  
 Mechanic of the Year 1988-1992

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

EXAMINATION FEE: \$100.00 (nonrefundable)

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

**IMPORTANT - READ CAREFULLY**

- This application must be on file in the office of the Elevator Safety Division, Department of Licensing and Regulatory Affairs, Bureau of Construction Codes, P.O. Box 30255, Lansing, Michigan, 48909, on or before the twentieth day 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 19897683-1 10/13/14  
 Chk#: [REDACTED] Amt: \$10.00  
 ID: LAMAR BOYD

APPLICANT INFORMATION

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

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>Dike County High</u> <u>Brundidge AL 36010</u>	Tran Info: 180 19897686-1 10/13/14 Chk#: [REDACTED] Amt: \$90.00 ID: LAMAR BOYD

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

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

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

NAME Mark McMillan Jr.			NAME Dion McDonald		
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

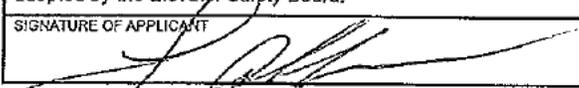
**EMPLOYMENT HISTORY - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)**

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 OHIS			DATES EMPLOYED (Month / Day / Year) FROM: 12/05/12 TO: present		
ADDRESS 25365 Interchange Ct		CITY Farmington	STATE MI		
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) Asst. mech			YOUR SUPERVISOR'S NAME AND TITLE Keith Hearn		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) maint. service repair New construction					
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) TRACTION gearless geared Hydro direct plunger ESC					
NAME OF PREVIOUS EMPLOYER Schindler			DATES EMPLOYED (Month / Day / Year) FROM: 2/1999 TO: 2014		
ADDRESS Schoolcraft		CITY Livonia	STATE MI		
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) Apprentice			YOUR SUPERVISOR'S NAME AND TITLE Eric Peterson		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) TRACTION service maint. Repair New construction					
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) TRACTION gearless geared Hydro direct plunger roped ESC					

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 Oct 05, 2014



# National Elevator Industry Educational Program

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

## Student Certificate Statement

Lamar V. Boyd

Certification #: 29351

Hire Date: 2/13/1996

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  
Monday October 6, 2014

### 4 Years of Required Curriculum have been completed

Apprentice Course	Date Granted	Apprentice Course	Date Granted
100 - Trade Skills	7/15/2005	500 - Installation	7/16/2004
200 - Hoistway Structures	7/15/2005	600 - Solid State	6/4/2003
300 - Electrical Fundamentals	6/19/2001	700 - Power & Logic	6/4/2003
400 - Electrical Theory & Application	6/19/2001	800 - Advanced Topics in Elevators	7/16/2004

Mechanic Exam Certificate Granted on 11/5/2013

### Other Certificates

(2004, 24 Hours) Mechanic Exam Review  
(2005, 24 Hours) Mechanic Exam Review  
(2006, 24 Hours) Mechanic Exam Review

(2005, 96 Hours) Mechanics Exam Eligibility  
(2006, 96 Hours) Mechanics Exam Eligibility  
(2012, 72 Hours) Mechanics Review Eligibility Course

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

# OTIS

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

October 7, 2014

Mr. Cal Rogler  
Chief Elevator Inspector  
State of Michigan  
Bureau of Const.Codes - Elevator Safety Dept  
6546 Mercantile Way, Suite 3  
Lansing, MI 48909

RE: Lamar Boyd  
State of Michigan Elevator Journeyperson's License

Dear Chief Inspector Rogler:

This letter is to verify the employment of Lamar Boyd who has been continuously employed by Otis since December 6, 2012.

Lamar's career with Otis has been in the service, new construction and modernization side of the business. He has worked on nearly every type of equipment the elevator industry has to offer, including Otis's GEN2 traction cars, freight elevators, escalators and chairlifts.

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

Very truly yours,

OTIS ELEVATOR COMPANY



Keith Hearn  
Repair/Open Order Supervisor

Cc: Personnel file



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

Phone 961-0717

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

October 3, 2014

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 Lamar Boyd as being February 13, 1996. As of June 2014 he has worked a total of 34,186 hours, which works out to be just over 20 years working in the field. This information came from the National Elevator Industry Health Benefit Plan.

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

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

Sincerely,

Russell O'Donnell  
President  
I.U.E.C. Local 36

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

180

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

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

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

**IMPORTANT - READ CAREFULLY**

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

Form Index 10A 10001196-1 10/16/11

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION?  No  Yes

CHK#: [REDACTED] Amt: \$100.00  
 IO: SAMANTHA CICCHETTI

**APPLICANT INFORMATION**

CLASS <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C - Device Type _____
NAME: <u>Michael E. Cicchetti</u> DATE OF BIRTH: <u>1-25-82</u>

**EDUCATION AND TRAINING**

CHECK THE HIGHEST GRADE COMPLETED			
<input type="checkbox"/> 6 or Less	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input checked="" type="checkbox"/> 12	
DID YOU GRADUATE? <input checked="" type="checkbox"/> Yes, Year <u>01</u> <input type="checkbox"/> No		IF YOU HAVE NOT COMPLETED HIGH SCHOOL, HAVE YOU TAKEN THE G.E.D. TEST TO EARN HIGH SCHOOL EQUIVALENCY? <u>N/A</u>	
NAME AND ADDRESS OF HIGH SCHOOL <u>Southwestern</u> <u>Detroit, MI</u>			
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE		BACHELORS DEGREE?	
<del>Name _____ Location _____ Date _____</del>		<input type="checkbox"/> Yes, Date _____ <input type="checkbox"/> No	
<del>Name _____ Location _____ Date _____</del>		MAJOR _____ MINOR _____	
<del>Name _____ Location _____ Date _____</del>		GRADUATE DEGREE	
<del>Name _____ Location _____ Date _____</del>		Date _____	
BUSINESS, CORRESPONDENCE OR TRADE SCHOOLS		CREDITS EARNED	
Name <u>Brightaupt Tech</u>		UNDERGRADUATE	
Location <u>Detroit, MI</u>		GRADUATE	
COURSE TITLE		Term _____	
<u>Automotive Service</u>		Semester _____	
DATE ATTENDED (Mo-Yr) to (Mo-Yr)		MAJOR	
<u>2 years</u>		PROFESSIONAL CERTIFICATION OR LICENSE	
<u>06-09</u>		<u>ASE</u>	
<u>09-01</u>		<u>engines, Brakes</u>	
		<u>suspensions</u>	
		<u>transmissions</u>	
		<u>Diagnose this</u>	

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

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

NAME Ken Bazner	NAME Steve Mastay
NAME Tony Oleskiw	NAME Joe Steger

**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 Thyssen Krupp Elevator			DATES EMPLOYED (Month / Day / Year) FROM: May-2013 TO: Current	
ADDRESS [REDACTED]	CITY Livonia	STATE MI		
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) Assistant mechanic		YOUR SUPERVISOR'S NAME AND TITLE Dave Taylor - Field ops manager		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) new elevator construction / new escalator construction - mod Repair / service / maintenance = elevator / escalator / dumbwaiter				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) traction (geared, gearless) stage lifts - dumbwaiters - chair lifts Hydraulic (direct roped) escalators - moving walks				
NAME OF PREVIOUS EMPLOYER Otis Elevator			DATES EMPLOYED (Month / Day / Year) FROM: Aug 2-01 TO: May-2013	
ADDRESS Interchange Dr	CITY Farmington Hills	STATE MI		
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) Apprentice / Helper / Proby		YOUR SUPERVISOR'S NAME AND TITLE Joe Steger - Field ops manager		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) new elevator construction - new escalator construction train at airport - maintenance, service, repair, modernization				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) traction (geared, gearless) escalators, moving walks, dumbwaiters Hydraulic (direct-roped) chair lifts, stage lifts, train at airport				

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 10-2-14

# ThyssenKrupp Elevator



September 17, 2014

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

Re: Michael Cicchetti

To Whom It May Concern:

This letter is to certify that Michael Cicchetti works for ThyssenKrupp Elevator Company, 35432 Industrial Road, Livonia, MI 48150, as an Elevator Mechanic's Assistant. 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 2, 2001.

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 "Danielle Martin".

Danielle Martin  
Service Sales Administrator

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 15, 2014

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

To Whom It May Concern:

This letter is to attest to the start date in the Elevator Industry of Michael E. Cicchetti as being August 2, 2001. As of June 2014 he has worked a total of 21,412 hours, which works out to be just over 12 ½ years working in the field. This information came from the National Elevator Industry Health Benefit Plan.

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

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

Sincerely,

Russell O'Donnell  
President  
I.U.E.C. Local 36

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

OFFICE USE ONLY

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

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

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

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

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION?     No     Yes

Trans Info: 190 19858291-1 09/23/14  
 Check: [REDACTED] Amt: \$100.00  
 ID: MICHAEL J EVANS

**APPLICANT INFORMATION**

CLASS		
<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C - Device Type _____
NAME		
Michael J. Evans		

**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>2007</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
NAME AND ADDRESS OF HIGH SCHOOL			
Parchment High School 1916 E G Ave, Parchment, MI 49004			
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE		BACHELORS DEGREE?	
Name <u>Western Michigan University</u>		<input checked="" type="checkbox"/> Yes, Date <u>May 26, 2013</u> <input type="checkbox"/> No	
Location <u>1903 W Michigan Ave, Kalamazoo, MI 49008</u>		Major <u>ISM</u>	
Date _____		Minor <u>CIS/Economics</u>	
		CREDITS EARNED	
		UNDERGRADUATE	GRADUATE
		Term <u>152</u>	Term _____
		Semester _____	Semester _____
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE		GRADUATE DEGREE	
Name _____		Date _____	
Location _____		MAJOR	
Date _____		PROFESSIONAL CERTIFICATION OR LICENSE	
BUSINESS, CORRESPONDENCE OR TRADE SCHOOLS		COURSE TITLE	
Name _____		DATE ATTENDED (Mo-Yr) to (Mo-Yr)	
Location _____		TYPE OF CERTIFICATE OR LICENSE AWARDED	

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

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

NAME <b>DAMIR DELIC</b>	NAME <b>Mark Evans</b>
ADDRESS	ADDRESS
NAME <b>Joe McNally</b>	NAME <b>Ryan McNally</b>
ADDRESS	ADDRESS

**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>McNally Elevator Company</b>			DATES EMPLOYED (Month / Day / Year) FROM: <b>5/11/05</b> TO: <b>Present</b>	
ADDRESS <b>223 West Ransom</b>	CITY <b>Kalamazoo</b>	STATE <b>MI</b>		
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) <b>Apprentice</b>		YOUR SUPERVISOR'S NAME AND TITLE <b>Ryan McNally</b>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <b>*New Elevator Construction *Service *Maintenance *Repair *Adjuster *Rated load test *etc</b>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <b>*Traction *Hydraulic(direct, roped) *Hill climber *Stairlift *Sidewalk *Belt lift *Buck Hoist</b>				
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.	
SIGNATURE OF APPLICANT 	DATE <b>7/8/14</b>

September 12, 2014

Robert W. Yoder  


Bureau of Construction Codes  
Elevator Safety Division

Re: Letter of Recommendation

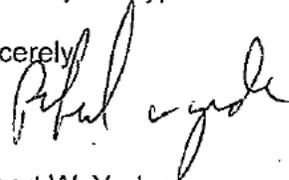
Dear Board,

The intent of this letter is to inform the Elevator Safety Division Licensing Board of my opinion of Mike Evans work ethics and job performance.

In the last 5 years, he has worked with other mechanics and myself. I have never known or heard of Mike working in an unsafe manner. He has shown aptitude toward learning and applying what he has learned toward his job.

In conclusion, Mike Evans will make a good elevator journey person

Sincerely,



Robert W. Yoder

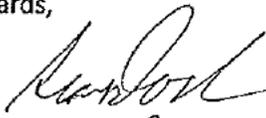
Letter of Recommendation for Michigan

Class A elevator journeyman's license.

July, \_\_ 2014

I SEAN DOCK have worked at McNally Elevator Co. in Kalamazoo, MI with Michael J. Evans for a period of three years and recommend him to test for the class A elevator journeypersons license examination. If any further information is required please contact signee.

Regards,

  
2200392

Sean Dock



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

OFFICE USE ONLY

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

EXAMINATION FEE: \$100.00 (nonrefundable)

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

**IMPORTANT - READ CAREFULLY**

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

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION?  No  Yes

Trans Info: 180 19838709-1 10/08/14  
 Check: [REDACTED] Amt: \$100.00  
 ID: CONSTANCE HILL

**APPLICANT INFORMATION**

CLASS	<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C - Device Type
NAME	DANIEL JAMES HILL

**EDUCATION AND TRAINING**

CHECK THE HIGHEST GRADE COMPLETED		IF YOU HAVE NOT COMPLETED HIGH SCHOOL, HAVE YOU TAKEN THE G.E.D. TEST TO EARN HIGH SCHOOL EQUIVALENCY?	
<input type="checkbox"/> 6 or Less <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input checked="" type="checkbox"/> 11 <input type="checkbox"/> 12		<input type="checkbox"/> Yes, Year _____ <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
NAME AND ADDRESS OF HIGH SCHOOL			
MEMPHIS COMM HIGH			
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE		BACHELORS DEGREE?	
Name: ST. CLAIR COMM COLLEGE		<input type="checkbox"/> Yes, Date _____ <input type="checkbox"/> No	
Location: _____		Major: MACHINE REPAIR	
Date: _____		Minor: _____	
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE		GRADUATE DEGREE	
Name: MACOMB COMM COLLEGE		MACHINE REPAIR	
Location: _____		Date: [REDACTED]	
Date: _____			
BUSINESS, CORRESPONDENCE OR TRADE SCHOOLS		COURSE TITLE	
Name: ST. CLAIR CO. SKILL CENTER		MACHINE TEST	
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 BRYAN MORCHE	NAME KEN BASNER
[REDACTED]	
NAME MIKE PANZACK	NAME
[REDACTED]	
ADDRESS	
CITY	STATE
ZIP CODE	

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

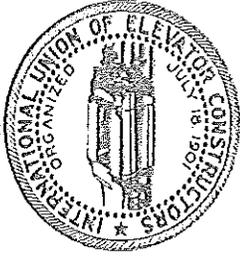
State definitively your qualifying installation and servicing experience on equipment, similar to that for which license is required. Give names and addresses of firms with whom employed, duties, length of service and dates of employment. Present available documentary evidence to substantiate experience.

NAME OF PRESENT OR LAST EMPLOYER OTIS ELEVATOR			DATES EMPLOYED (Month / Day / Year)	
ADDRESS 25365 INTERCHANGE CT.			CITY FARMINGTON	STATE MI
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) ASST MECHANIC			YOUR SUPERVISOR'S NAME AND TITLE KEITH HEARNS SERVICE SUPER	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) SERVICE, MOO, MAINT, REPAIR				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Slidewalk, Escalators, etc.) TRACTION (BOTH) HYDRO (BOTH) STAGE LIFTS, MOVING WALKS, ESCALATORS				
NAME OF PREVIOUS EMPLOYER SCHINDLER ELEVATOR			DATES EMPLOYED (Month / Day / Year)	
ADDRESS 28451 SCHOOLCRAFT			CITY LIVONIA	STATE MI
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) APPRENTICE			YOUR SUPERVISOR'S NAME AND TITLE JIM GRANT CONSTRUCTION SUPER	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) NEW CONSTRUCTION				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Slidewalk, Escalators, etc.) TRACTION (BOTH) HYDRO BOTH, STAGE LIFT, ESCALATORS, MOVING WALKS				

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 Hill</i>	DATE 10/5/14



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

October 3, 2014

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:

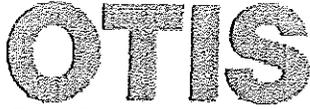
This letter is to attest to the start date in the Elevator Industry of Daniel J. Hill as being September 1, 1999. As of June 2014 he has worked a total of 23,207 hours, which works out to be just over 13 1/2 years working in the field. This information came from the National Elevator Industry Health Benefit Plan.

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

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

Sincerely,

Russell O'Donnell  
President  
I.U.E.C. Local 36



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

January 8, 2014

Mr. Cal Rogler  
Chief Elevator Inspector  
State of Michigan  
Bureau of Const. Codes - Elevator Safety Dept  
6546 Mercantile Way, Suite 3  
Lansing, MI 48909

RE: Daniel Hill  
State of Michigan Elevator Journeyperson's License

Dear Chief Inspector Rogler:

This letter is to verify the employment of Daniel Hill who has been employed by Otis continuously since July 6, 2011.

Daniel's career with Otis has been in the service, maintenance and modernization side of the business. He has worked on nearly every type of equipment the elevator industry has to offer, including Otis's GEN2 traction cars, freight elevators, escalators and chairlifts.

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

Very truly yours,

OTIS ELEVATOR COMPANY

A handwritten signature in black ink that reads "Keith". The signature is written in a cursive, slightly slanted style.

Keith Hearn  
Repair/Open Order Supervisor

Cc: Personnel file

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

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OFFICE USE ONLY

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

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

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

- This application must be on file in the office of the Elevator Safety Division, Department of Licensing and Regulatory Affairs, Bureau of Construction Codes, P.O. Box 30255, Lansing, Michigan, 48909, on or before the twentieth day 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 Infot190 19891990-1 10/09/14  
 Check: [REDACTED] Amt: (100.00)  
 TO: STEVEN KEUNA

**APPLICANT INFORMATION**

CLASS	<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C - Device Type
NAME	Steven Douglas KEUNA

**EDUCATION AND TRAINING**

CHECK THE HIGHEST GRADE COMPLETED			
<input type="checkbox"/> 6 or Less	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input checked="" type="checkbox"/> 12
DID YOU GRADUATE?		IF YOU HAVE NOT COMPLETED HIGH SCHOOL, HAVE YOU TAKEN THE G.E.D. TEST TO EARN HIGH SCHOOL EQUIVALENCY?	
<input checked="" type="checkbox"/> Yes, Year 1991 <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NAME AND ADDRESS OF HIGH SCHOOL			
Lincoln High School 22900 FEDERAL AVE WARREN MI 48089			
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE		BACHELORS DEGREE?	
Name _____	Location _____	<input type="checkbox"/> Yes, Date _____ <input type="checkbox"/> No	
Date _____		Major _____	Minor _____
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE		GRADUATE DEGREE	
Name _____	Location _____	Date _____	
Date _____		MAJOR	PROFESSIONAL CERTIFICATION OR LICENSE
BUSINESS, CORRESPONDENCE OR TRADE SCHOOLS		COURSE TITLE	
Name _____	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 Dave Sullivan	NAME Mark Miller
Ben Smith	
	ADDRESS
	CITY STATE ZIP CODE

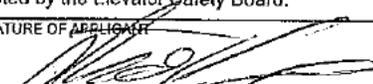
**EMPLOYMENT HISTORY** - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

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 THYSSEN KRUPP ELEVATOR			DATES EMPLOYED (Month / Day / Year)	
ADDRESS 35432 Industrial Rd			CITY Livonia	STATE MI
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) Apprentice			YOUR SUPERVISOR'S NAME AND TITLE Dave Taylor service manager	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Service Repair				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Traction, Hydraulic Elevators, Escalator				
NAME OF PREVIOUS EMPLOYER Kone Elevator			DATES EMPLOYED (Month / Day / Year)	
ADDRESS 17864 Belden Court			CITY Livonia	STATE MI
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) Apprentice			YOUR SUPERVISOR'S NAME AND TITLE Dave Bernudez	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Service, Repair				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Escalators, Hydraulic Geared Elevators				

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 10-8-14

# ThyssenKrupp Elevator



ThyssenKrupp

July 30, 2014

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

Re: Steve Kenna

To Whom It May Concern:

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

He started working in the Elevator Industry in March 1998.

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 "Danielle Martin".

Danielle Martin  
Service Sales Administrator

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 22, 2014

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 Steven D. Kenna as being March 12, 1998. As of June 2014 he has worked a total of 28,630 hours, which works out to be just under 17 years working in the field. This information came from the National Elevator Industry Health Benefit Plan.

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

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

Sincerely,

Russell O'Donnell  
President  
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

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517-241-9337  
 www.michigan.gov/bcc

OFFICE USE ONLY

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

EXAMINATION FEE: \$100.00 (nonrefundable)

Authority: 1976 PA 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.

Tran Info: IS0 19751661-1 07/28/14  
 Chk#: [REDACTED] Amt: \$100.00  
 ID: DAVID H KOWALSKI

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION?  No  Yes

APPLICANT INFORMATION

CLASS <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C - Device Type
NAME David H Kowalski

EDUCATION AND TRAINING

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

DID YOU GRADUATE?  
 Yes, Year 1992  No

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

NAME AND ADDRESS OF HIGH SCHOOL  
 Dearborn High, Dearborn off Outer Drive

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

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

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

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

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

CERTIFICATION AND SIGNATURE

I certify all statements are true to the best of my knowledge and that all work shall be done according to the State of Michigan elevator law, rules and regulations adopted by the Elevator Safety Board.	
SIGNATURE OF APPLICANT <b>David Kowalski</b>	DATE <b>7-23-2014</b>

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,

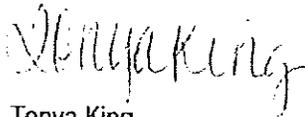
Eric Pierson  
District Service Manager



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,



Tonya King  
District Shared Services Manager

# International Union of Elevator Constructors

LOCAL UNION NO. 19

AFFILIATED WITH THE AMERICAN FEDERATION OF LABOR - CIO

2264 - 15th Avenue West  
Seattle, WA 98119



Tel (206) 282-4885  
Fax (206) 282-3970

September 25, 2013

To whom it may concern,

My name is Don Felton and I am the Business Manager of the International Union of Elevator Constructors Local 19 in Seattle Washington. I sent you a letter on July 10<sup>th</sup>, 2013 concerning the work history of one of our members named David Kowalski. I apologize for the fact that it was not adequate. I was under the impression at the time that you were only needing to confirm that he had been a member and had done work in Local 19. Knowing now that it wasn't enough, I have confirmed with the 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. 23<sup>rd</sup>, 2009, passed and was issued a Wa. State Mechanics License. His total hours worked in the industry, as of 8/05/13, are 16,767. His previous supervisor, at Thyssen, was Skip Buntin. Skip is now the Chief Elevator Inspector for the city of Seattle. While talking to Skip on the phone, about David, he told me he would also vouch for him. His phone numbers are: Office 206-684-8453 [REDACTED]

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

Regards,

Don Felton  
Business Manager  
IUEC Local 19  
O. 206-282-4885  
[REDACTED]  
F. 206-282-3970