



RICK SNYDER
GOVERNOR

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

STEVE ARWOOD
DIRECTOR

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

AGENDA

March 28, 2014
9:30 a.m.

1. Call to Order and Determination of Quorum
2. Approval of Agenda (Pages 1-2)
3. Approval of Minutes – January 24, 2014 (Pages 3-7)
4. Review of Elevator Certificate of Competency Examination Applications:
 - a. None.
5. Review of Elevator Contractor Examination Applications:
 - a. David H. DeClercq, Class A (Pages 8-11)
 - b. Jason Gwin, Class A, Re-Exam (Pages 12-16)
 - c. Brian Matson, Class A, Re-Exam (Pages 17-20)
6. Review of Elevator Journeyman Examination Applications:
 - a. Jamaal Anderson, Class A (Pages 21-25)
 - b. Lamar V. Boyd, Class A, Re-Exam (Pages 26-30)
 - c. Michael E. Cicchetti, Class A, Re-Exam (Pages 31-34)
 - d. Daniel Crosby Sr., Class A, Re-Exam (Pages 35-38)
 - e. Vincent Fortune, Class A, Re-Exam (Pages 39-42)
 - f. Michael Haas, Class A (Pages 43-48)
 - g. Scott Hamilton, Class A (Pages 49-53)
 - h. Justin Massey, Class A (Pages 54-57)
 - i. Daniel Robert. Samson, Class A, Re-Exam (Pages 58-64)
 - j. Arnim W. Seeger, Class A, Re-Exam (Pages 65-81)
 - k. Richard J. Shaughnessy, Class A, Re-Exam (Pages 82-85)

Providing for Michigan's Safety in the Built Environment

- l. Bradley Simmons, Class A (Pages 86-89)
 - m. John Simmons, Class A (Pages 90-93)
 - n. Angelo Vuocolo, Class C (Pages 94-98)
7. Waiver Requests
- a. Adaptive Environments, Winget Residence, Leonard, Michigan. (Pages 99-107)
 - b. Pneumatic Vacuum Elevators LLC, product approval request, variance from ASME A17.1. (Pages 108-139)
 - c. ThyssenKrupp Elevator, product approval request, TAC32 HMRL Elevator Controllers, variance from ASME A17.1. (Pages 140-165)
8. Unfinished Business
- a. ThyssenKrupp Elevator, McKay Tower, Grand Rapids Michigan, follow up from January 24, 2014 board meeting. (Pages 166-184)
 - b. People's Church, Kalamazoo, Michigan, variance request follow up from June 2012 board meeting.
9. Legislative Update
10. Division Report
- a. Chief's Report - Cal Rogler
 - b. Accident Report
11. New Business
12. Public Comment
13. Next Meeting Date – June 6, 2014
14. Adjournment



RICK SNYDER
GOVERNOR

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

STEVE ARWOOD
DIRECTOR

ELEVATOR SAFETY BOARD

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

MINUTES

January 24, 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.

MEMBERS ABSENT

Mr. Eric Thomas
Mr. Mark A. Smith
Mr. David Taylor

DEPARTMENT PERSONNEL ATTENDING

Mr. Calvin Rogler, Chief, Elevator Safety Division
Ms. Lynn Weston, Office Supervisor, Elevator Safety Division
Mr. Ralph Arceo, General Inspector, Elevator Safety Division

OTHERS IN ATTENDANCE

Mr. Michael Ross, Schindler Elevator Co.
Mr. Mark Pawlowski, Schindler Elevator Co.
Mr. Scott Graham, ThyssenKrupp Elevator
Mr. Todd Cordill, Chief, Plan Review Division
Mr. Stan Kopek, Assistant Chief, Plan Review Division

1. CALL TO ORDER AND DETERMINATION OF QUORUM

Chairperson Flint called the meeting to order at approximately 9:31 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

2. 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.**

3. APPROVAL OF MINUTES

The following amendments were noted:

- Page 4 of 5, second paragraph, the word “would” was added to the last sentence after “pit depths”.
- Page 4 of 5, third paragraph, the sentence “Based on recent approvals for similar requests, the **MOTION** is made to approve.” was replaced with “Based on testimony and documentation submitted by the applicant, the **MOTION** is made to approve.”

A **MOTION** was made by Board member Donald J. Purdie, Jr. and seconded by Board member David Kuras to approve the amended minutes of the November 1, 2013 board meeting. **MOTION CARRIED.**

4. REVIEW OF ELEVATOR CERTIFICATE OF COMPETENCY APPLICATIONS:

- None

5. REVIEW OF ELEVATOR CONTRACTOR APPLICATIONS:

- a. Kevin Douglass Bragg, 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 Douglass Bragg to take the Class A Contractor examination. **MOTION CARRIED.**

- b. Jeremy T. Hume, 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 Erin Modiano to approve Jeremy T. Hume to take the Class A Contractor examination. **MOTION CARRIED.**

Due to his close affinity to Jeremy T. Hume, Board member Antwane Maddox recused himself from the above review and discussion.

- c. Michael Sovis, Class A (Passed)

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

6. **REVIEW OF ELEVATOR JOURNEYPerson APPLICATIONS:**

- a. Jamaal Anderson, Class A

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

- b. William C. Brown, Class A

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

- c. Vincent Fortune, Class A

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

- d. Matthew Harvey, Re-Exam, Class A

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

- e. David Kowalski, Re-Exam, 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 Kowalski to take the Class A Journeyperson examination. **MOTION CARRIED.**

- f. Ryan L. Schuring, Re-Exam, 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 Ryan L. Schuring to take the Class A Journeyperson examination. **MOTION CARRIED.**

- g. Arnim Werner Seeger, Re-Exam, 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 Antwane Maddox to approve Arnim Werner Seeger to take the Class A Journeyman examination. **MOTION CARRIED.**

h. Richard J. Shaughnessy II, Class A

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

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

7. **WAIVER REQUESTS**

a. ThyssenKrupp Elevator, McKay Tower, Grand Rapids, Michigan.

ThyssenKrupp Elevator has made a request for a variance from ASME A17.1-2007 2.15.9 to allow 42 inch deep platform Toe guards in lieu of the required 48 inch toe guards in order to utilize the existing pit depth on the modernization of 4 elevators located at 146 Monroe Center Ave, Grand Rapids.

Based on testimony and documentation submitted by the applicant and review and discussion by the board, a **MOTION** was made by Board member William Kogelschatz and seconded by Board member David Kuras to postpone the review of this variance request until the next board meeting when additional detailed documentation regarding the need for this variance shall be provided by the applicant. **MOTION CARRIED.**

8. **UNFINISHED BUSINESS**

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

Per Chief Rogler, weather is currently impacting any forward progress with this issue. Hopefully, with the spring weather this issue will be resolved by the next board meeting in March.

9. **LEGISLATIVE UPDATE**

- None

10. **DIVISION REPORT**

a. Chief's Report – C. Rogler

b. Accident Report Reviewed

No discussion.

11. NEW BUSINESS

- None.

12. PUBLIC COMMENT

- Escalator safety and the future of Escalators was discussed.
- Donald J. Purdie Jr. commented on documentation related to licensing exam applications.

13. NEXT MEETING DATE

- March 28, 2014

14. ADJOURNMENT

A **MOTION** was made by Board member David Kuras and seconded by Board member William Kogelschatz to adjourn the meeting at approximately 11:43 a.m. **MOTION CARRIED.**

APPROVED:

Chair, Elevator Safety Board

Date

Application for Elevator Contractor License Examination
 Michigan Department of Licensing and Regulatory Affairs
 Bureau of Construction Codes
 Elevator Safety Division

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

OFFICE USE ONLY	
DIVISION ACTION	DATE
U SUBMITTED TO	INITIALS
BOARD U REJECTED	
BOARD ACTION	DATE
U APPROVED	
U REJECTED	

EXAMINATION FEE: \$100.00 (nonrefundable)

Authority: 1967 PA 227
 Completion: Mandatory As Required By Section 12
 Penalty: Examination Will Not Be Given

LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

IMPORTANT - READ CAREFULLY

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

Trans # 107 1933020 1 07/03/14
 Chk# [REDACTED] Amt: \$100.00
 ID: DAVID DECLERCQ

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION? No Yes

APPLICANT INFORMATION

CLASS <input checked="" type="radio"/> A B C - Device Type	
NAME David H DeClercq	SOCIAL SECURITY NUMBER [REDACTED]
ADDRESS [REDACTED]	TELEPHONE NUMBER (Include Area Code) [REDACTED]
CITY [REDACTED]	STATE Michigan ZIP CODE [REDACTED]

COMPANY REPRESENTING

COMPANY NAME Otis Elevator	248-473-4530
ADDRESS 25365 Interchange Ct.	BUSINESS TELEPHONE NUMBER (Include Area Code)
CITY Farmington Hills	STATE Michigan ZIP CODE 48335

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 Tim Collins	NAME Ken Litteral
ADDRESS [REDACTED]	
CITY [REDACTED]	
NAME William Anderson	NAME
ADDRESS [REDACTED]	ADDRESS
CITY [REDACTED]	CITY STATE ZIP CODE

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

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

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

NAME OF PRESENT OR LAST EMPLOYER Otis Elevator			DATES EMPLOYED (Month / Day / Year)	
ADDRESS 25365 Interchange Ct.			FROM: 3/2/1981 TO: Present	
CITY Farmington Hills		STATE Michigan		
YOUR JOB TITLE Regional Field Operations Manager		YOUR SUPERVISOR'S NAME AND TITLE Jeremy Metzger Regional General Manager		
JOB DUTIES Oversee all Field Operations for Otis Elevator in Michigan and Ohio.				
TYPE OF EQUIPMENT WORKED ON I have worked on Traction (geared, gearless), Hydraulic (direct, roped), Sidewalk, Escalators, Moving walks,				
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year)	
ADDRESS			FROM: TO:	
CITY		STATE		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.)		YOUR SUPERVISOR'S NAME AND TITLE		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.)				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.)				
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year)	
ADDRESS			FROM: TO:	
CITY		STATE		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.)		YOUR SUPERVISOR'S NAME AND TITLE		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.)				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.)				

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

CERTIFICATION AND SIGNATURE

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

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

Paul A. Chy

2/22/2017

Otis Elevator Company

North American Area
25365 Interchange Court
Farmington Hills, MI 48335
(248) 473-7377 Main
(248) 473-4536 Fax



Otis

A United Technologies Company

January 24, 2014

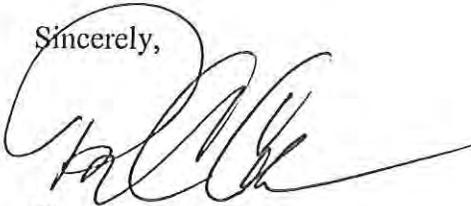
To whom it may concern:

I have worked with Dave DeClercq at Otis Elevator Company over the last 25 years. Dave has experience in all aspects of the Elevator Trade including field and management in the following areas: service, maintenance, modernization and new equipment installations. Based on my interactions with Dave, I, respectfully, feel he is qualified to sit for the Elevator Contractors (A) Exam.

Please grant his application.

Please feel free to contact me if you have any questions.

Sincerely,



Timothy C Collins
General Manager
Otis Elevator Company

Otis Elevator Company
9800 Rockside Road
Suite 1200
Cleveland, Ohio 44125
Tel: (216) 573-2333 Fax: (216) 573-2344
www.otis.com



Otis

A United Technologies Company

December 18, 2013

To whom it may concern:

I have been involved in the Elevator Trade with Dave DeClercq for over 30 years. Dave has experience in all aspects of the Trade and I feel is fully qualified to take the Elevator Contractors (A) Exam.

Please grant his application for said exam

Any questions feel free to contact me [REDACTED]

Very truly yours,

A handwritten signature in cursive script that reads "Wm. Anderson".

William Anderson
Service Manager
Otis Elevator

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.
---	--

IMPORTANT - READ CAREFULLY

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

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION? No Yes

Trans Info: 183 19376293-1 02/27/14
CARR: [REDACTED] Amt: \$100.00
TO: TOLEDO ELEVATOR & MACHINE CO

APPLICANT INFORMATION

CLASS	<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C - Device Type	
NAME	Jason A. Gwin	
ADDRESS	[REDACTED]	
CITY	[REDACTED]	

COMPANY REPRESENTING

COMPANY NAME	Toledo Elevator & Machine	
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 Fredricks
[REDACTED]	[REDACTED]
NAME Terry Virzi	NAME
[REDACTED]	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 Toledo Elevator & Machine Co. Inc.			DATES EMPLOYED (Month / Day / Year)	
ADDRESS 221 N. Detroit Ave			CITY Toledo	STATE Ohio
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) Elevator Journeyperson / President			YOUR SUPERVISOR'S NAME AND TITLE Jason Gwin, President	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Construction, maintenance + Repair				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Both geared + gearless traction, Hydraulic, both direct + Roped, Vertical Platform lift + LUNAS Sidewalk lifts, Dumbwaiters, marlifts				
NAME OF PREVIOUS EMPLOYER Otis Elevator			DATES EMPLOYED (Month / Day / Year)	
ADDRESS 5960 Angola			CITY Holland	STATE Ohio
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) Elevator Journeyperson			YOUR SUPERVISOR'S NAME AND TITLE Bill Anderson - Supervisor Toledo Branch	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Modernization, Full time Main - Technician at Local Hosp.				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Geared + gearless Traction, Hydraul Roped + Direct Dumbwaiters				
NAME OF PREVIOUS EMPLOYER Thyssen Dover Elevator			DATES EMPLOYED (Month / Day / Year)	
ADDRESS McMorrey Rd			CITY	STATE
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) Apprentice			YOUR SUPERVISOR'S NAME AND TITLE Scott Zahner or Don Cook	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) New construction, service, repair + Modernization				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Traction - geared + Gearless; Hydraulic Direct, escalators; Dumbwaiters				

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

CERTIFICATION AND SIGNATURE

I certify all statements are true to the best of my knowledge and that all work shall be done according to the State of Michigan elevator law, rules and regulations adopted by the Elevator Safety Board.	
I also certify I am actively employed by the company I'm representing and that in the event of my leaving said firm, agree to immediately notify the Michigan Department of Energy, Labor and Economic Growth, Bureau of Construction Codes.	
SIGNATURE OF APPLICANT Jason A. Gwin	DATE February 20, 2014



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

February 20, 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 ½ years. Jason currently holds a Class A Journeyman's license. Jason's job duties include, but are not limited to the following:

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

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

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

Sincerely,
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

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: 1067 PA 227 Completion: Mandatory As Required By Section 12 Penalty: Examination Will Not Be Given	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
---	--

IMPORTANT - READ CAREFULLY

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

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION? No Yes
 Tran Info: 183 19393019-1 03/03/14
 Ckch: [REDACTED] Amt: \$100.00
 ID: BRIAN MATSON

APPLICANT INFORMATION

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

COMPANY REPRESENTING

COMPANY NAME DTE Energy		
ADDRESS 1 Energy Plaza		BUSINESS TELEPHONE NUMBER (include Area Code)
CITY Detroit	STATE MI	ZIP CODE 48226

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

NAME Ken Bazner	NAME Mike Cronk
[REDACTED]	ZIP CODE
NAME Mike DiMambro	NAME John Mastiantonio
[REDACTED]	[REDACTED]

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

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

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

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

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

CERTIFICATION AND SIGNATURE

I certify all statements are true to the best of my knowledge and that all work shall be done according to the State of Michigan elevator law, rules and regulations adopted by the Elevator Safety Board.	
I also certify I am actively employed by the company I'm representing and that in the event of my leaving said firm, agree to immediately notify the Michigan Department of Energy, Labor and Economic Growth, Bureau of Construction Codes.	
SIGNATURE OF APPLICANT Brian Matias	DATE 2/27/14

DTE Energy



February 26, 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,

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

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

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

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

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

DTE Energy



February 26, 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 Brian K. Matson at DTE Energy. Brian's Class A State of Michigan Elevator Journeyman license number is # 2200703 . Brian has worked as a State of Michigan Elevator Journeyperson at DTE Energy since February 4, 2009. Brian is fully qualified and licensed to perform, or to provide supervision in the performance of, the work of installation, alteration, maintenance, repair, servicing adjusting inspecting, or testing elevators at DTE Energy.

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

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

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

EXAMINATION FEE: \$100.00 (nonrefundable)

Authority: 1976 PA233 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: 19378303-1 02/25/14
 NAME: [REDACTED] Amt: \$100.00
 ID: JAMAAL ANDERSON

APPLICANT INFORMATION

CLASS		
<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C - Device Type
NAME		[REDACTED]
ADDRESS		[REDACTED]

EDUCATION AND TRAINING

CHECK THE HIGHEST GRADE COMPLETED			
<input type="checkbox"/> 6 or Less	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input checked="" type="checkbox"/> 12	
DID YOU GRADUATE?		IF YOU HAVE NOT COMPLETED HIGH SCHOOL, HAVE YOU TAKEN THE G.E.D. TEST TO EARN HIGH SCHOOL EQUIVALENCY?	
<input checked="" type="checkbox"/> Yes, Year 1994		<input type="checkbox"/> No	
NAME AND ADDRESS OF HIGH SCHOOL			
Cass Tech High School 2501 2nd Ave Detroit, mi. 48201			
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE		BACHELORS DEGREE?	
Name Western Michigan University		<input type="checkbox"/> Yes, Date _____ <input checked="" type="checkbox"/> No	
Location Kalamazoo, mi.		Major _____	
Date 9/94 thru 4/97		Minor _____	
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 Raymond Anderson		NAME Lisa Prewitt	
ADDRESS [REDACTED]		ADDRESS [REDACTED]	
NAME Eric Armstrong		NAME	
ADDRESS [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 Detroit Elevator			DATES EMPLOYED (Month / Day / Year)	
ADDRESS 2121 Burdette			CITY Ferndale	STATE Mi
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) Apprentice			YOUR SUPERVISOR'S NAME AND TITLE Kevin Johnson	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Modernazation, Service, Repair				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Traction (geared + gearless) Hydraulic (direct + roped)				
NAME OF PREVIOUS EMPLOYER Detroit Elevator			DATES EMPLOYED (Month / Day / Year)	
ADDRESS 2121 Burdette			CITY Ferndale	STATE Mi
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) Apprentice			YOUR SUPERVISOR'S NAME AND TITLE Steve Stark	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Modernazation, Service, Repair				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Traction (geared + gearless) Hydraulic (direct + roped)				

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

CERTIFICATION AND SIGNATURE

I certify all statements are true to the best of my knowledge and that all work shall be done according to the State of Michigan elevator law, rules and regulations adopted by the Elevator Safety Board.	
SIGNATURE OF APPLICANT Jumical Anderson	DATE 2-25-14

Elevator Technology
4628 St. Aubin
Detroit, Mi

Dates Worked
9/2010 to 1/2012

- Apprentice

Supervisor
Wayne Bolen

- Modernization, Service, Repair

- Worked on traction (geared + gearless) Hydraulic (direct)
Escalators

Thyssen Krupp Elevator
35432 Industrial Rd
Livonia, Mi

Dates Worked
1/2010 to 9/2010

- Apprentice

Supervisor
Brian Bailey

- Modernization, Service

- Worked on traction (geared + gearless) Hydraulic (direct)

Elevator Technology
4628 St. Aubin
Detroit, Mi

Dates Worked
11/2006 to 6/2009

- Apprentice

Supervisor
Wayne Bolen

- Modernization, Service

- Worked on traction (geared + gearless) Hydraulic (direct)
Escalators



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

Phone 961-0717

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

December 17, 2013

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

To Whom It May Concern:

This letter is to attest to the start date in the Elevator Industry of Jamaal Anderson as being July 21, 1999. As of September 2013 he has worked a total of 24,501 hours, which works out to be 14 years and 5 months 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,

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

DETROIT



ELEVATOR COMPANY

SINCE 1914

December 17, 2013

State of Michigan
Bureau of Const. Codes
Elevator Safety Division
P.O. Box 30255
Lansing, MI 48909

RE: Mr. Jamaal Anderson

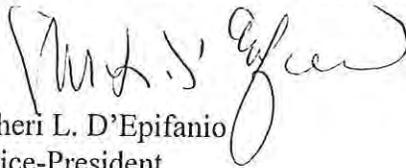
To Whom it may Concern,

Please be advised that Mr. Jamaal Anderson has been employed at Detroit Elevator Company since December 4, 2012. Mr. Anderson has experience in the installation and alteration of elevators.

If you have any questions, please do not hesitate contacting Detroit Elevator Company.

Thank you,

DETROIT ELEVATOR COMPANY


Sheri L. D'Epifanio
Vice-President

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 19376289-1 02/27/14
 Check: [REDACTED] Amt: \$100.00
 ID: LAMAR V B OYD

APPLICANT INFORMATION

CLASS <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C - Device Type _____
NAME LAMAR V BOYD
ADD [REDACTED]
CITY [REDACTED]

EDUCATION AND TRAINING

CHECK THE HIGHEST GRADE COMPLETED <input type="checkbox"/> 6 or Less <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input checked="" type="checkbox"/> 12			
DID YOU GRADUATE? <input checked="" type="checkbox"/> Yes, Year <u>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>PIKE COUNTY High School</u> <u>Brundidge Al.</u>			
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE		BACHELORS DEGREE?	
Name _____	Location _____	Date _____	<input type="checkbox"/> Yes, Date _____ <input type="checkbox"/> No
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE		GRADUATE DEGREE	
Name _____	Location _____	Date _____	MAJOR _____
BUSINESS, CORRESPONDENCE OR TRADE SCHOOLS		COURSE TITLE	
Name _____	Location _____	DATE ATTENDED (Mo-Yr) to (Mo-Yr)	TYPE OF CERTIFICATE OR LICENSE AWARDED
		UNDERGRADUATE	GRADUATE
		Term _____	Term _____
		Semester _____	Semester _____

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

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

NAME <i>Pierre McDonald</i>		NAME <i>EDWARD M. BARKUME</i>	
[Redacted]			
NAME <i>Wayne Fitcher</i>		NAME	
[Redacted]			
ADDRESS		ADDRESS	
[Redacted]		[Redacted]	
CITY		STATE	ZIP CODE
[Redacted]		[Redacted]	[Redacted]

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

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

NAME OF PRESENT OR LAST EMPLOYER <i>OTIS</i>			DATES EMPLOYED (Month / Day / Year)	
ADDRESS <i>25365 Interchange Ct Farmington Hills</i>			FROM: <i>12/2010</i>	TO: <i>2012</i>
CITY <i>Farmington Hills</i>	STATE <i>MI</i>			
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) <i>Apprentice</i>		YOUR SUPERVISOR'S NAME AND TITLE <i>Keith HERNS service BOSS</i>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>New construction service repair ASST. MAINTENANCE work MOD</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>TRACTION geared gearless, man lift, side walk, escalators, Hydraulic direct plunger, roped Gen 2 schindler units motion control / solid state control. shindler esc</i>				
NAME OF PREVIOUS EMPLOYER <i>Schindler</i>			DATES EMPLOYED (Month / Day / Year)	
ADDRESS <i>2845 Schwabcraft RD Livonia</i>			FROM: <i>1999</i>	TO: <i>9/2012</i>
CITY <i>Livonia</i>	STATE <i>MI</i>			
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) <i>Apprentice</i>		YOUR SUPERVISOR'S NAME AND TITLE <i>Eric Pierson MAINT service construction BOSS</i>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>New construction, service work, modernization work</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>Geared traction gearless OTIS controllers Pella doors Hantow escalators OTIS esc shindler esc direct plunger Hydros - Dover equipment roped Hydro</i>				

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

CERTIFICATION AND SIGNATURE

I certify all statements are true to the best of my knowledge and that all work shall be done according to the State of Michigan elevator law, rules and regulations adopted by the Elevator Safety Board.	
SIGNATURE OF APPLICANT <i>[Signature]</i>	DATE <i>2-17-2014</i>

ASST. IN PERFORMING a wire survey test you on a Bend Apollo 600 and
Rope Replacement
SAFETY test on different types of traction on hydro elevators.
Re-Rope straight over 2/1 traction, basement machine
INSTALL TORO SPFEB side sliding door. worked on center opening door
Replaced Relating cables. door rollers clutch assembly door operate
changed PACKINGS Hydro: vic fittings shut off VALVES
RAN Hydro pipe: worked on pit switches, comp switches
changed Relays on controllers. wired door locks changes
Roller guides car & counter weight installed RAILS
INSTALLED wall panels. FANS, HALL buttons. wire ways
Bent Pipe installed duct work installed. chokes &
TRANSFORMERS. Installed cabs, SAFETY plank
Governors. Replaced Generators. brushes, Door motors
motor bearings installed inspection STATIONS CAR
STATIONS. Emergency Bell Alarm. installed CROSS HEAD
Slide guides Roller guides Hall LANTERNS, SAFE edges
ICU IRAYS. Lambda esc steps Replaced bull gear
esc motors Replaced step chains. skirt switches. changed
Handrails esc glass asst. in Removal and Replacement esc
missing step switch. esc CLEAN DOWN. Replaced
door SILLS install controllers wire controllers disconnect
changed Hydro valve and adjust accel speeds transition &
leveling speeds. install pit LADDER Freight doors and
gate scissor gate
Installed TRAVEL CORDS, CARD READERS. worked on
Selectors. changed or cleaned All kinds of Relays. Ice cube
dashpot latching set Reset. Print Reading. wired up
a soft start. Installed Hydro pump motor &
Submersible pump motor. installed selector TAPE
Hoistway switches. Replaced freight door chains
Sight guards astragles Replaced door gibs
toe guards. wired junction boxes, handrails,
FLOORS. installed ceilings escape hatches. Replaced
babbit shackles with wedge shackles. hoisting & rigging
worked on dumb waiters, installed scaffold. Cleaned
and Replaced motor brakes. help set machines. used
torches, RAN conduit. Installed sump pumps. worked on
A sewer lift, Belt RAN lift. Fire service etc.



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 

January 9, 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 September 2013 he has worked a total of 32,711 hours, which works out to be 19 years and 3 months 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,

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

OTIS

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

February 20, 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 employed by Otis continuously 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

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 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 19376309-1 02/27/14
 Chk#: [REDACTED] Amt: \$100.00
 ID: SAMANTHA CICCETTI

APPLICANT INFORMATION

CLASS		
<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C - Device Type _____
NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER
Michael E. Cicchetti	[REDACTED]	[REDACTED]

EDUCATION AND TRAINING

CHECK THE HIGHEST GRADE COMPLETED			
<input type="checkbox"/> 6 or Less	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input checked="" type="checkbox"/> 12	
DID YOU GRADUATE?		IF YOU HAVE NOT COMPLETED HIGH SCHOOL, HAVE YOU TAKEN THE G.E.D. TEST TO EARN HIGH SCHOOL EQUIVALENCY?	
<input checked="" type="checkbox"/> Yes, Year <u>2001</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
NAME AND ADDRESS OF HIGH SCHOOL			
Southwestern High, Fort St Detroit MI			
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 _____	
BUSINESS, CORRESPONDENCE OR TRADE SCHOOLS		COURSE TITLE	
Name <u>Bright Haupt Tech</u>	Location <u>Detroit, MI</u>	Automotive Service	
		DATE ATTENDED (Mo-Yr) to (Mo-Yr)	
		99-01	
		TYPE OF CERTIFICATE OR LICENSE AWARDED	
		Brakes, Suspensions, engines, transmissions	

*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 Mas-taw
[REDACTED ADDRESS]	
ZIP CODE	
NAME Donald Smith	NAME Thomas Fagan
[REDACTED ADDRESS]	
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 Industrial drive			CITY Livonia MI	STATE MI
YOUR JOB TITLE (Apprentice, Journey person, 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.) I have done construction, maintenance service, and repair for Thyssen Krupp				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) traction - geared, gearless stage lifts Hydraulic (direct-roped) moving walks Escalators				
NAME OF PREVIOUS EMPLOYER Otis Elevator			DATES EMPLOYED (Month / Day / Year)	
ADDRESS Farmingington Hills			CITY MI	STATE MI
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) Apprentice & assistant mech			YOUR SUPERVISOR'S NAME AND TITLE Joe Steger - Field ops manager	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Construction Construction & Service maintenance - Repair				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) traction - geared, gearless stage lifts Escalators Hydraulic - direct, roped 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 	DATE 2-25-14

ThyssenKrupp Elevator



February 21, 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

February 24, 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 December 2013 he has worked a total of 20,262 hours, which works out to be just under 12 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,

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

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

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 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

Tran Info: 183 19359809-1 02/21/14
 CHK#: [REDACTED] Amt: \$100.00
 ID: DANIEL N CROSBY

APPLICANT INFORMATION

CLASS		
<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C - Device Type
NAME Daniel Crosby Sr.		
ADDRESS [REDACTED]		
CITY [REDACTED]		

EDUCATION AND TRAINING

CHECK THE HIGHEST GRADE COMPLETED

6 or Less 7 8 9 10 11 12

DID YOU GRADUATE? Yes, Year 1998 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
 RED FORD High school Detroit Mi

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 _____
Name _____ Location _____ Date _____	GRADUATE DEGREE Date _____	MAJOR	PROFESSIONAL CERTIFICATION OR LICENSE
BUSINESS, CORRESPONDENCE OR TRADE SCHOOLS	COURSE TITLE	DATE ATTENDED (Mo-Yr) to (Mo-Yr)	TYPE OF CERTIFICATE OR LICENSE AWARDED

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

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

NAME <i>BRAIN BAILEY</i>	NAME
ADDRESS	ADDRESS
[REDACTED]	CITY STATE ZIP CODE
NAME <i>MAT HILL</i>	NAME
ADDRESS	ADDRESS
[REDACTED]	CITY STATE ZIP CODE

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

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

NAME OF PRESENT OR LAST EMPLOYER <i>Thyssenkrupp Elevator</i>	DATES EMPLOYED (Month / Day / Year)
ADDRESS <i>[REDACTED]</i>	FROM: TO:
CITY STATE	
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) <i>Ass. Journeyman</i>	YOUR SUPERVISOR'S NAME AND TITLE <i>BRAIN BAILEY</i>
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>M/D SERVICE REPAIR</i>	
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>TRACTION HYDRAULIC ESCALATORS</i>	
NAME OF PREVIOUS EMPLOYER <i>Schindler elevator</i>	DATES EMPLOYED (Month / Day / Year)
ADDRESS <i>[REDACTED]</i>	FROM: <i>July 1999</i> TO: <i>March 2010</i>
CITY STATE <i>LIVONIA MI</i>	
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) <i>Apprentice</i>	YOUR SUPERVISOR'S NAME AND TITLE <i>ERIC JOHNSON</i>
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>Construction, service, repair</i>	
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>TRACTION HYDRAULIC ESCALATORS</i>	

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

CERTIFICATION AND SIGNATURE

I certify all statements are true to the best of my knowledge 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 Cook</i>	DATE
--	------

ThyssenKrupp Elevator



December 10, 2013

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

Re: Dan Crosby

To Whom It May Concern:

This letter is to certify that Dan Crosby worked 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 12, 1999.

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

Sincerely,

A handwritten signature in cursive script that reads "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

February 12, 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 N. Crosby as being August 12, 1999. As of September 2013 he has worked a total of 25,073 hours, which works out to be 14 3/4 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,

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

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

OFFICE USE ONLY

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

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 19369199-1 02/24/14
 CARR: [REDACTED] Amt: \$100.00
 101 VINCENT FORTUNE

APPLICANT INFORMATION

CLASS	<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C - Device Type	
NAME	Vincent Fortune	
	[REDACTED]	
	[REDACTED]	

EDUCATION AND TRAINING

CHECK THE HIGHEST GRADE COMPLETED			
<input type="checkbox"/> 6 or Less	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input checked="" type="checkbox"/> 12
DID YOU GRADUATE?		IF YOU HAVE NOT COMPLETED HIGH SCHOOL, HAVE YOU TAKEN THE G.E.D. TEST TO EARN HIGH SCHOOL EQUIVALENCY?	
<input checked="" type="checkbox"/> Yes, Year <u>01</u> <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
NAME AND ADDRESS OF HIGH SCHOOL			
Dominican High School Whitefish Bay, WI			
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE		BACHELORS DEGREE?	
Name _____	Location _____	<input type="checkbox"/> Yes, Date _____ <input checked="" type="checkbox"/> No	
Date _____		Major _____	Minor _____
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE		GRADUATE DEGREE	
Name _____	Location _____	Date _____	
Date _____			
BUSINESS, CORRESPONDENCE OR TRADE SCHOOLS		COURSE TITLE	
Name _____	Location _____	DATE ATTENDED (Mo-Yr) to (Mo-Yr)	TYPE OF CERTIFICATE OR LICENSE AWARDED

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

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

NAME Jordan Keeley		NAME Steven Fortune	
ADDRESS		ADDRESS	
CITY		CITY	
NAME Kelvin Nord		NAME	
ADDRESS		ADDRESS	
CITY		STATE	ZIP CODE

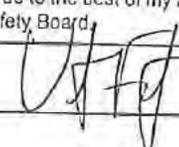
EMPLOYMENT HISTORY - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

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

NAME OF PRESENT OR LAST EMPLOYER Schindler Elevator			DATES EMPLOYED (Month / Day / Year) FROM: 2/06 TO: 12/07 1/09 - Present	
ADDRESS	CITY Menomonee Falls	STATE WI		
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) Mechanic / Journey person		YOUR SUPERVISOR'S NAME AND TITLE Josh Grubbs - Superintendent		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) New construction, maintenance				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) 400A, 500A, 3300, 330A / Traction, Hydro				
NAME OF PREVIOUS EMPLOYER Otis Elevator			DATES EMPLOYED (Month / Day / Year) FROM: 1/8 TO: 12/8	
ADDRESS	CITY Glendale	STATE WI		
YOUR JOB TITLE (Apprentice, Journey person, Foreman, Adjuster, etc.) Apprentice		YOUR SUPERVISOR'S NAME AND TITLE Mike Vandenberg Superintendent		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) New construction				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Gen2, Gen / traction				

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

CERTIFICATION AND SIGNATURE

I certify all statements are true to the best of my knowledge and that all work shall be done according to the State of Michigan elevator law, rules and regulations adopted by the Elevator Safety Board.	
SIGNATURE OF APPLICANT 	DATE 2/19/14



LOCAL UNION No. 15 of the

International Union of Elevator Constructors

AFFILIATED WITH THE AFL-CIO

17125 WEST CLEVELAND AVENUE

NEW BERLIN, WISCONSIN 53151

December 20, 2013

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

Attention: Cal Rogler, Chief Elevator Inspector

Dear Mr. Rogler:

This is to inform you that Vince A. Fortune has been in the elevator trade since February 21, 2006 and has experience in service, modernization, maintenance, as well as new elevator installation and construction. He currently has over 14,500 working hours in the elevator trade.

If you have any questions or need additional information, please contact me.

Sincerely,

Kelvin L. Nord
Business Representative

D:\Documents\Members\fortune, Vincent 12-20-13

December 23, 2013

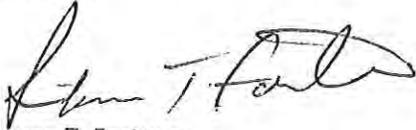
Department of Licensing and Regulatory Affairs
Bureau of Construction Codes
P.O. Box 30254
Lansing, MI 48909

Attention: Cal Rogler, Chief Elevator Inspector

Dear Mr. Rogler:

This letter is to inform you that Vincent A. Fortune has worked in the elevator trade since February of 2006. He has experience in new construction, modernization, service, repair, and maintenance. He has worked mostly for Schindler Elevator, but also has worked for Otis Elevator. Vincent is currently working as a Mechanic for Schindler Elevator.

Sincerely,

A handwritten signature in black ink, appearing to read "Steven T. Fortune". The signature is written in a cursive style with a large, stylized initial "S".

Steven T. Fortune

Licensed Journeyman for MI