Application for Elevator Licensing Examinations
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
E-Mail: elevsafety@michigan.gov

Authority: 1967 PA 227, MCL 408.810, MCL 408.812 and MCL 408.816 1976 PA 333, MCL 338.2156, MCL 338.2158 and Rule 408.7019	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

NOTE: You must complete and sign this application, attach the Work Experience Report(s) (BCC-3278), and submit the examination fee to be considered for examination.

APPLICANT INFORMATION

NAME
Matt Harvey

[redacted]

Tran Info: [redacted] 20240035-1 02/23/15
CHK#: [redacted] Amt: $100.00
To: MATTHEW A HARVEY

Please check the box next to appropriate examination you are applying for:

☑ **JOURNEYPERSON LICENSE EXAMINATION REQUIREMENTS** **(NON-REFUNDABLE) $100.00 FEE**

- Applicant must have three (3) years of continuous experience in the class(s) of elevator work in which he/she desires to be licensed.
- A degree in electrical or mechanical engineering may be substituted for one (1) year of experience. A copy of your engineering degree **MUST** be submitted with this application to be considered toward experience.
- It is recommended you provide either a current resume or summary detailing your experience with elevators.
- A Work Experience Report(s) **(BCC-3278)** must be submitted with this application. More than one report may be needed to show the required work experience.

Choose the appropriate classification applying for:

☑ A ☐ B ☐ C - Device Type _____

☐ **CERTIFICATE OF COMPETENCY EXAMINATION REQUIREMENTS** **(NON-REFUNDABLE) $50.00 FEE**

- General Inspector applicants must have three (3) years of experience in elevator construction. Special Inspector applicants must have three (3) years of experience in designing, installing, maintaining or inspecting elevators.
- It is recommended you provide either a current resume or summary detailing your experience with elevators.
- A Work Experience Report(s) **(BCC-3278)** must be submitted with this application. More than one report may be needed to show the required work experience.

Choose the appropriate classification applying for:

☐ General Inspector ☐ Special Inspector Journeyperson License # _____

☐ **ELEVATOR CONTRACTOR LICENSE EXAMINATION REQUIREMENTS** **(NON-REFUNDABLE) $100.00 FEE**

- Applicant must have five (5) years of experience as an elevator constructor or journeyperson in the type of elevator work for which they desire the license.
- It is recommended you provide either a current resume or summary detailing your experience with elevators.
- A Work Experience Report(s) **(BCC-3278)** must be submitted with this application. More than one report may be needed to show the required work experience.

Choose the appropriate classification applying for:

☐ A ☐ B ☐ C - Device Type _____ Journeyperson License # _____

CERTIFICATION

I hereby certify, that the statements in this application are true and correct. I have not withheld information which might affect decisions to be made on this application. I am aware that a false statement or dishonest answer may be grounds for denial of my application. I hereby authorize the Department of Licensing and Regulatory Affairs and its agents to investigage any statements made by me in this application and work experience report(s).

SIGNATURE OF APPLICANT	DATE
Matt Harvey	2-16-15

BCC-3260 (01/15)

PAGE 1 OF 1

Work Experience Report for Elevator Examinations

Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes/Elevator Safety Division
PO Box 30255, Lansing, MI 48909
517-241-9337
www.michigan.gov/bcc
E-mail: elevsafety@michigan.gov

Authority: 1987 PA 227, MCL 408.810 and MCL 408.812 1976 PA 333, MCL 338.2106	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

The applicant named below is being considered for an Elevator Examination. The information will be used by the Elevator Safety Board to determine qualifications. Please return this form to the applicant after completion so they can submit with their application.

INSTRUCTIONS:
- A Work Experience Report(s) must accompany examination application (BCC-3280).
- Applicant must complete "applicant" information and forward to their verifying reference for completion.
- Reference must complete "reference" information including: dates employed, job duties, types of elevating devices worked on.
- The Work Experience Report must be notarized by the *reference* AND *applicant* for the contractor examination applicants only.
- The Work Experience Report must be certified (signed) by the reference of the applicant for both the Journeyperson and Certificate of Competency.
- The comment section is required to be filled out by the reference for Certificate of Competency applicants and optional for Journeyperson and Contractors.

This Section To Be Completed By Applicant: ☑ Journeyperson ☐ Certificate of Competency ☐ Contractor

NAME OF APPLICANT
Matt Harvey
[redacted]

This Section To Be Completed By Reference For Applicant Named Above:

NAME OF REFERENCE	NAME OF COMPANY REPRESENTING	LICENSE NUMBER
Stephen Cook	Schindler	2200427

[redacted]

REFERENCE'S RELATIONSHIP TO APPLICANT
☑ PRESENT EMPLOYER ☐ FORMER EMPLOYER

Position/Title of Reference: Superintendent

EXACT DATES APPLICANT WAS EMPLOYED (Month, Day, Year) From 11/2008 To present

Job Duties

1. NEW CONSTRUCTION

Date(s) Applicant Held This Position 1994-2002 2008-Present Number of Months/Years 15 yrs % of Time Devoted 100

Description of Duties Performed and Equipment Worked On:
Installing New elevators (traction, Hydraulic) and escalators.

2. MAINTENANCE

Date(s) Applicant Held This Position 2002-2008 Number of Months/Years 6 % of Time Devoted 100

Description of Duties Performed and Equipment Worked On:
General Elevator Maintenance, Troubleshooting.

BCC-3270 (11/14)

Name of Applicant:

3. MAJOR ALTERATIONS

Date(s) Applicant Held This Position 1994- Present Number of Months/Years 21 yrs % of Time Devoted 25%

Description of Duties Performed and Equipment Worked On:
Modernization of Traction + hydraulic elevators.

4. REPAIRING

Date(s) Applicant Held This Position 1994- Present Number of Months/Years 21 yrs % of Time Devoted 25%

Description of Duties Performed and Equipment Worked On:
Motor change outs, Door replacement, repairs, door upgrades, Cab upgrades etc.

5. ADJUSTING

Date(s) Applicant Held This Position 2003 - Present Number of Months/Years 15 yrs % of Time Devoted 25%

Description of Duties Performed and Equipment Worked On:
Final adjusting for hydraulic + Traction elevators

6. TESTING

Date(s) Applicant Held This Position 2003- Present Number of Months/Years 15 % of Time Devoted 15%

Description of Duties Performed and Equipment Worked On:
Annual, 5 yr Testing of hydraulic, Traction elevators + escalators, State inspections + Turnovers.

Comments: (Must certify character for Certificate of Competency applicants)

Affidavit (To be completed by reference and applicant for a CONTRACTOR'S EXAMINATION ONLY.)

I _____ being duly sworn,
(Signature of Reference)
depose(s) and say(s) that I affirm that I have personal knowledge set forth in this work experience report.

Subscribed and sworn before me, this ____ day of ____, 20__,
a Notary Public in and for ____ County, Michigan.
Signature of Notary Public ____
My Commission expires: ____, 20__.

I _____ being duly sworn,
(Signature of Applicant)
depose(s) and say(s) that I affirm that I have personal knowledge set forth in this work experience report.

Subscribed and sworn before me, this ____ day of ____, 20__,
a Notary Public in and for ____ County, Michigan.
Signature of Notary Public ____
My Commission expires: ____, 20__.

Certification (To be completed by reference ONLY for Journeyperson or Certificate of Competency examinations)

I hereby certify, that the statements in this work experience report are true and correct. I have not withheld information which might affect decisions to be made on the applicant. I am aware that a false statement or dishonest answer may be grounds for disciplinary action against my license or may be punishable by law. I hereby authorize the Department of Licensing and Regulatory Affairs and its agents to investigate any statements made by me in this report.

SIGNATURE [signature] DATE 2-18-15

Schindler

To Whom It May Concern,

This letter of reference is for the recommendation of Matt Harvey be accepted for the Michigan Class A elevator exam.
Matt has worked for Schindler Elevator for more than 10 years, and currently an active employee with Schindler Elevator Corporation. Matt
holds a current Elevator Mechanic's license for Indiana, and is an Elevator Journeyman with IUEC local 44. Matt is competent and in good standing order with Schindler Elevator and the International Elevator Constructor's Union..

Matt has extensive experience installing, maintaining, and adjusting elevators and escalators. Matt is a team leader and has successfully held Mechanic In Charge roles with various large projects. Schindler considers Matt to be highly qualified and strongly recommends Matt be considered and accepted for next the Michigan Elevator licensing session.

Any further questions feel free to contact me by phone or email.

Steve Cook | Superintendent
Phone 574.243.0022 | Mobile 574.276.7859 | Fax 574.243.0077
steve.cook@us.schindler.com

Schindler Elevator | Service\Modernization
3725 W Cleveland RD | South Bend, IN 46628, USA
www.us.schindler.com

February 20, 2015

To: The State of Michigan Elevator Division.

Matt Harvey has been in the elevator trade for 20 years and has completed all course work and carries a valid Indiana State Mechanic License. Matt has 5 years with Schindler with a wide variety of elevator experience which includes the Service and maintenance of Elevators and Escalators , Escalator service Maintenance and repair, Modernization of Elevators and Installation of our newest product in new Construction the (3300 product) , 330A , 400A traction elevators ensuring they are meeting all state and local code standards.

Matt is my leading installer in District 18 meeting all company standards and is very helpful in helping the building owner in getting his new building and elevator to pass all code requirements. He is very professional and takes personal pride in the work he performs and builds an outstanding work relationship with the General Contractors that he is in contact with.

I personally think Matt Harvey would install and maintain to the high quality of any elevators installed in the great state of Michigan if he was granted his license.

Jerry D. Staley
New Construction / Modernization Field Superintendent
Schindler Elevator Corporation
[redacted]

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

Matt A. Harvey Student Certification #[redacted] Hire Date: **1/24/1995**

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

NATIONAL DIRECTOR
Tuesday, February 17, 2015

4 Years of Required Curriculum have been completed

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

Mechanic Exam Certificate Granted on 8/1/2003

Other Certificates:

(12/15/2005, 8 CE Hours) 8-Hour Machine Room Maintenance
(12/17/2009) Indiana State Licensing Course 2010-12
(11/3/2010) 8-Hour Hoistway Maintenance
(11/26/2007) Indiana State Licensing Course 2006-07
(12/17/2009, 8 CE Hours) 8-Hour Hydraulic Elevator Maintenance
(5/7/2012) Indiana State Licensing Course 2012

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

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

5/2010

Monday, February 16 2015

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

Subject: Elevator Mechanic Licensing Verification

To Whom It May Concern,

Please allow the following information to serve as verification of proof of eligibility for a Class A, Michigan Elevator Mechanic License to the individual named herein. The information contained herein, has been collected from the International Union of Elevator Constructors, National Elevator Industry Educational Program (NEIEP) as well as the National Elevator Industry Health Benefits Plans. The hours as reported herein, are the total as worked through the November 2014 reporting period. These hours do not include hours worked as a "probationary employee", which normally are a minimum of 600 hours.

Matthew A. Harvey, social security number [redacted] has an industry start date of 01/24/1994 and has worked a total of 36,945.10 hours through the November 2014 reporting period. . Mr. Harvey has spent those hours working in the elevator industry in the areas of construction, service, modernization, and/or maintenance.

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

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

Respectfully,

Joseph M Gwin
Business Manager
IUEC Local # 44

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E-Mail: elevsafety@michigan.gov

Tran Info(180) 20230660-1 02/24/15
CHK# [redacted] Amt: $100.00
ID: STEVEN KENNA

Authority: 1967 PA 227, MCL 408.810, MCL 408.812 and MCL 408.816 1976 PA 333, MCL 338.2156, MCL 338.2158 and Rule 408.7019	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

NOTE: You must complete and sign this application, attach the Work Experience Report(s) (BCC-3278), and submit the examination fee to be considered for examination.

APPLICANT INFORMATION

NAME STEVEN P KENNA [redacted]

Please check the box next to appropriate examination you are applying for:

☑ **JOURNEYPERSON LICENSE EXAMINATION REQUIREMENTS** **(NON-REFUNDABLE) $100.00 FEE**

- Applicant must have three (3) years of continuous experience in the class(s) of elevator work in which he/she desires to be licensed.
- A degree in electrical or mechanical engineering may be substituted for one (1) year of experience. A copy of your engineering degree **MUST** be submitted with this application to be considered toward experience.
- It is recommended you provide either a current resume or summary detailing your experience with elevators.
- A Work Experience Report(s) **(BCC-3278)** must be submitted with this application. More than one report may be needed to show the required work experience.

Choose the appropriate classification applying for:

☑ A ☐ B ☐ C - Device Type _____

☐ **CERTIFICATE OF COMPETENCY EXAMINATION REQUIREMENTS** **(NON-REFUNDABLE) $50.00 FEE**

- General Inspector applicants must have three (3) years of experience in elevator construction. Special Inspector applicants must have three (3) years of experience in designing, installing, maintaining or inspecting elevators.
- It is recommended you provide either a current resume or summary detailing your experience with elevators.
- A Work Experience Report(s) **(BCC-3278)** must be submitted with this application. More than one report may be needed to show the required work experience.

Choose the appropriate classification applying for:

☐ General Inspector ☐ Special Inspector Journeyperson License # _____

☐ **ELEVATOR CONTRACTOR LICENSE EXAMINATION REQUIREMENTS** **(NON-REFUNDABLE) $100.00 FEE**

- Applicant must have five (5) years of experience as an elevator constructor or journeyperson in the type of elevator work for which they desire the license.
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- A Work Experience Report(s) **(BCC-3278)** must be submitted with this application. More than one report may be needed to show the required work experience.

Choose the appropriate classification applying for:

☐ A ☐ B ☐ C - Device Type _____ Journeyperson License # _____

CERTIFICATION

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SIGNATURE OF APPLICANT	DATE
Steven P Kenna	2-19-2015

BCC-3280 (01/15)

PAGE 1 OF 1

Work Experience Report for Elevator Examinations
Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes/Elevator Safety Division
PO Box 30255, Lansing, MI 48909
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E-mail: elevsafety@michigan.gov

Authority: 1967 PA 227, MCL 408.810 and MCL 408.812 1976 PA 333, MCL 338.2156	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

The applicant named below is being considered for an Elevator Examination. The information will be used by the Elevator Safety Board to determine qualifications. **Please return this form to the applicant after completion so they can submit with their application.**

INSTRUCTIONS:
- **A Work Experience Report(s) must accompany examination application (BCC-3280).**
- **Applicant must complete "applicant" information and forward to their verifying reference for completion.**
- Reference must complete "reference" information including: dates employed, job duties, types of elevating devices worked on.
- The Work Experience Report must be notarized by the ***reference*** AND ***applicant*** for the contractor examination applicants only.
- The Work Experience Report must be certified (signed) by the reference of the applicant for both the Journeyperson and Certificate of Competency.
- The comment section is required to be filled out by the reference for Certificate of Competency applicants and optional for Journeyperson and Contractors.

This Section To Be Completed By Applicant: ☑ Journeyperson ☐ Certificate of Competency ☐ Contractor

NAME OF APPLICANT
STEVEN D KENNA
[redacted]

This Section To Be Completed By Reference For Applicant Named Above:

NAME OF REFERENCE	NAME OF COMPANY REPRESENTING	LICENSE NUMBER
MARK KIER	THE	2100477

[redacted]

REFERENCE'S RELATIONSHIP TO APPLICANT
☑ PRESENT EMPLOYER ☐ FORMER EMPLOYER

Position/Title of Reference: MECH

EXACT DATES APPLICANT WAS EMPLOYED (Month, Day, Year) From 8-2000 To Pres

Job Duties

1. **NEW CONSTRUCTION**
Date(s) Applicant Held This Position 3-17-98 Number of Months/Years 5 % of Time Devoted 100
Description of Duties Performed and Equipment Worked On:
INSTALLATION OF ESCALATORS, traction freight Elevator Hydraulic PASSenger, Freight elevators

2. **MAINTENANCE**
Date(s) Applicant Held This Position 2013 Number of Months/Years 6/1 % of Time Devoted 100
Description of Duties Performed and Equipment Worked On:
MAINTAIN traction, HYDRAULIC freight, PASSenger ELEVATORS - DUMBWAITERS ESCALATORS.

BCC-3278 (11/14)

PAGE 1 OF 2

Name of Applicant:

3. MAJOR ALTERATIONS

Date(s) Applicant Held This Position 2003 Number of Months/Years 5 yrs % of Time Devoted 100

Description of Duties Performed and Equipment Worked On:
MODERNIZATION OF HYDRAULIC, TRACTION, GEARLESS ELEVATORS. 2 ECO MODS ON ESCALATOR

4. REPAIRING

Date(s) Applicant Held This Position ~~2yrs~~ 6 2007 Number of Months/Years 2yrs / 6mos % of Time Devoted 50

Description of Duties Performed and Equipment Worked On:
REPAIRING DOORS, ON FREIGHT AND PASSENGER ELEVATORS CHANGING MOTORS, GENERATORS, PUMPS VALVES, RELAYS DOOR OPERATORS, PUSH BUTTONS AND VARIOUS ELEVATOR PARTS

5. ADJUSTING

Date(s) Applicant Held This Position 2007 Number of Months/Years 2 % of Time Devoted 100

Description of Duties Performed and Equipment Worked On:
WORKED WITH THE ADJUSTER, ADJUSTED TRACTION HYDRO, FREIGHT ELEVATORS, DUMBWAITERS AND ESCALATORS TO PREPARE FOR CITY AND STATE INSPECTION PROCESS

6. TESTING

Date(s) Applicant Held This Position 2007 Number of Months/Years 6/2yrs % of Time Devoted 50

Description of Duties Performed and Equipment Worked On:
PERFORM FULL LOAD, NO LOAD TESTS ON TRACTION AND GEARLESS ELEVATORS, PRESSURE TESTS ON HYDRO'S, FIRE SERVICE TEST

Comments: **(Must certify character for Certificate of Competency applicants)**
I GREW UP IN A ELEVATOR FAMILY, FATHER, UNCLES, COUSINS. WOULD LIKE TO FURTHER MY CAREER FOR MY FAMILY AND MYSELF. HAVE 17 YRS IN THE BUSINESS AND AM FULLY AWARE THE RESPONSIBILITY OF HAVING A MICHIGAN CLASS A LICENSE

Affidavit (To be completed by reference and applicant for a CONTRACTOR'S EXAMINATION ONLY.)

I _____, being duly sworn,
(Signature of Reference)
depose(s) and say(s) that I affirm that I have personal knowledge set forth in this work experience report.

Subscribed and sworn before me, this ____ day of _____, 20__,
a Notary Public in and for _____ County, Michigan.
Signature of Notary Public _____
My Commission expires: _____, 20____.

I _____, being duly sworn,
(Signature of Applicant)
depose(s) and say(s) that I affirm that I have personal knowledge set forth in this work experience report.

Subscribed and sworn before me, this ____ day of _____, 20__,
a Notary Public in and for _____ County, Michigan.
Signature of Notary Public _____
My Commission expires: _____, 20____.

Certification (To be completed by reference ONLY for Journeyperson or Certificate of Competency examinations)

I hereby certify, that the statements in this work experience report are true and correct. I have not withheld information which might affect decisions to be made on the applicant. I am aware that a false statement or dishonest answer may be grounds for disciplinary action against my license or may be punishable by law. I hereby authorize the Department of Licensing and Regulatory Affairs and its agents to investigage any statements made by me in this report.

SIGNATURE [signature] DATE 2-19-2015

Work History Report:
STEVEN D. KENNA

22461 Revere Str

Saint Clair Shores MI 48080-
(586) 214-88

Int'l No: *83251*
Class: MECHANIC
Start Date: 3/12/1998
End Date:

Hired	*Laid Off*	*Quit*	*Fired*	*Mechanics*	*Company*	*Remarks*
10/12/19	1/8/1999				DETROIT	HELPER FROM LOC 74
3/1/1999	6/1/2005				THYSSEN/KRUPP	TFR TO L3 04-01-99
6/13/200		6/23/2			OTIS	DECLERQ
6/27/200	10/23/2008				KONE	
3/19/200	4/27/2009				ELEVATOR TECHNOLOGY	
11/30/20					THYSSEN/KRUP	

Affiliated with the Michigan State Building Trades Council and Detroit Building Trades Council

LOCAL UNION NUMBER THIRTY-SIX OF THE

International Union of Elevator Constructors

Phone 961-0717 P.O. Box 32451 1640 Porter Street Detroit, Michigan 48216

January 21, 2015

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 November, 2014 he has worked a total of 29,389 hours, which is the equivalent to just over 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
517-241-9337
www.michigan.gov/bcc

OFFICE USE ONLY

☐ APPROVED	DATE
☐ 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 20207255-1 02/20/15
CK#: [redacted] Amt: $100.00
ID: DAVID H KOWALSKI

APPLICANT INFORMATION

CLASS
☒ A ☐ B ☐ C - Device Type _____

NAME
David Kowalski
[redacted]

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 MI

COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE	BACHELORS DEGREE?	CREDITS EARNED	
		UNDERGRADUATE	GRADUATE
Name Location Date	☐ Yes, Date ☐ 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.

BCC-278 (Rev. 3/10)

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

NAME	NAME
Eric Pierson District Service Manager	Tonya King, District Shared Service Manager
[redacted]	ADDRESS [redacted]
Don Felton, Business Manager	
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			DATES EMPLOYED (Month / Day / Year) FROM:	TO:
Schindler Elevator			8/13/13	Present
ADDRESS: 28451 Schoolcraft Rd.	CITY: Livonia	STATE: MI		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.): Apprentice	YOUR SUPERVISOR'S NAME AND TITLE: Eric Pierson			
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.): Modernization				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.): Traction Car				

NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year) FROM:	TO:
Thyssen Krupp			7/2004	4/2011
ADDRESS: 2021 130th Ave NE	CITY: Bellevue	STATE: WA		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.): Journey Person	YOUR SUPERVISOR'S NAME AND TITLE:			
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.): Repair, Service, Retrofitting				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.): Traction, Hydraulic, Escalators				

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

CERTIFICATION AND SIGNATURE

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

SIGNATURE OF APPLICANT	DATE
David H. Kowalski	2-15-2015

BCC-278 (Rev. 3/10) Back

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

Livonia Corporate Center
Building 5
28451 Schoolcraft Road
Livonia, MI 48150-2238

Tel. (734) 367-9410
Fax (734) 367-9440
www.us.schindler.com

M00010

ThyssenKrupp Elevator Americas

ThyssenKrupp

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

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

Thank you,

Tonya King
District Shared Services Manager

ThyssenKrupp Elevator Corporation
2021 130 Ave NE, Suite A
Bellevue, WA 98005
Telephone: 425.702.120
E-mail: tonya.king@thyssenkrupp.com
Internet: www.thyssenkruppelevator.com

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 10th, 2013 concerning the work history of one of our members named David Kowalski. I apologize for the fact that it was not adequate. I was under the impression at the time that you were only needing to confirm that he had been a member and had done work in Local 19. Knowing now that it wasn't enough, I have confirmed with the superintendant he previously worked for at Thyssen Krupp, the following:

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

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

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

Regards,

Don Felton

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

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

☐ APPROVED	DATE
☐ 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

APPLICANT INFORMATION

CLASS

☑ A ☐ B ☐ C - Device Type _____

NAME

Robert D. Monaco

[redacted]

EDUCATION AND TRAINING

CHECK THE HIGHEST GRADE COMPLETED

☐ 6 or Less ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☑ 12

DID YOU GRADUATE?

☑ Yes, Year 2002 ☐ 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

Rossford High School
701 Superior St.
Rossford Oh 43460

Tran Info:180 20226270-1 02/19/15
Chk#: [redacted] Amt: $100.00
To: ROBERT MONACO

COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE	BACHELORS DEGREE?	CREDITS EARNED	
		UNDERGRADUATE	GRADUATE
Name _____ Location _____ Date _____	☐ Yes, Date _____ ☐ 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.

BCC-278 (Rev. 3/10)

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

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

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

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

NAME OF PRESENT OR LAST EMPLOYER			DATES EMPLOYED (Month / Day / Year)
ThyssenKrupp Elevator			FROM: 12-10-14 TO: Present
ADDRESS	CITY	STATE	
6968 McNerney Dr.	Northwood	OH	
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.)		YOUR SUPERVISOR'S NAME AND TITLE	
Journeyperson		Bob Kobasic Supervisor	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.)			
Maintenance			
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.)			
Traction, hydraulic			

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 (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
R Mauser	2-15-15

BCC-278 (Rev. 3/10) Back

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

NAME	NAME
Lynn Ireland	Robert Fredericks
ADDRESS [redacted]	ADDRESS [redacted]
NAME Ben Monaco	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			DATES EMPLOYED (Month / Day / Year)
Schindler Elevator Corp.			FROM: 3-4-2010 TO: 8-19-2014
ADDRESS	CITY	STATE	
1530 Timberwolf Dr.	Holland	MI	
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.)	YOUR SUPERVISOR'S NAME AND TITLE		
Journeyperson	Lou Haefner - Branch Manager		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.)			
Maintenance, Service + Repair, Construction			
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.)			
Traction, Hydraulic, Sidewalk lifts, + escalators			

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 (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
R Monaco	12-4-2014

BCC-278 (Rev. 3/10) Back

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

Robert D. Monaco Student Certification #[redacted] Hire Date: **7/11/2003**

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

NATIONAL DIRECTOR
Tuesday, July 08, 2014

4 Years of Required Curriculum have been completed

Apprentice Course	Date Completed	Apprentice Course	Date Completed
100 - Trade Skills	7/15/2005	500 - Installation	7/14/2006
200 - Hoistway Structures	7/15/2005	600 - Solid State	7/10/2008
300 - Electrical Fundamentals	7/16/2004	700 - Power & Logic	7/10/2008
400 - Electrical Theory & Application	7/16/2004	800 - Advanced Topics in Elevators	7/14/2006

Mechanic Exam Certificate Granted on 9/30/2008

Other Certificates:
(2007, 24 Hours) Mechanic Exam Review

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

Tuesday, September 09, 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, Robert Monaco

Please allow this letter to verify elevator industry employment of Robert Monaco Social [redacted] According to the Local's records, Robert Monaco entered the elevator industry on 07/11/2003. Robert Monaco became a mechanic certified by NEIEP (National Elevator Industry Educational Program) on September 30, 2008.

Robert Monaco has worked for various elevator companies at various locations during his elevator career. Robert Monaco 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, Robert Monaco has worked at all phases of elevator installation, maintenance, and repair. Robert Monaco has worked 20,008.95 hours in the elevator industry as reported through the June 2014 reporting period.

Respectfully,

Lynn Ireland
Michigan License Holder 2200052
IUEC National Elevator Industry Educational Program Instructor

LOCAL UNION NO. 44
OF THE
International Union of Elevator Constructors
AFFILLATED WITH THE AFL - CIO
PHONE (419) 242-7902 FAX (419) 242-6627

Tuesday, July 08, 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

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Robert Monaco has worked for various elevator companies at various locations during his elevator career. Robert Monaco 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, Robert Monaco has worked at all phases of elevator installation, maintenance, and repair. Robert Monaco has worked 19,679.15 hours in the elevator industry as reported through the April 2014 reporting period.

Respectfully,

R J Fredericks

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