

**Application for Elevator Licensing Examination or Re-examination**  
 Michigan Department of Licensing and Regulatory Affairs  
 Bureau of Construction Codes  
 P.O. Box 30255, Lansing, MI 48909  
 517-241-9316  
 www.michigan.gov/bcc

Authority: 1967 PA 227 and 1976 PA 333 Penalty: Failure to provide the information may result in denial of your request.	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
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**APPLICANT INFORMATION**

NAME		SOCIAL SECURITY NUMBER (last 4 digits)
ADDRESS		XXX-XX-
CITY		TELEPHONE NUMBER (Include Area Code)
STATE	ZIP CODE	
EMAIL ADDRESS		

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.
- Attach a detailed resume outlining your specific work experience.

By checking this box you certify you meet the experience requirements of the Act.

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.
- Provide a letter from one or more previous employers certifying your character and experience in the elevator industry.

Choose the appropriate classification applying for:

- General Inspector                       Special Inspector                      Journeyperson License # \_\_\_\_\_

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

- Attach a detailed resume outlining your specific work experience.
- A sworn affidavit must be completed certifying the applicant has at least five (5) years' experience as an elevator constructor or journeyman or equivalent.

By checking this box you certify you meet the experience requirements of the Act.

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.

SIGNATURE OF APPLICANT	DATE
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**SWORN AFFIDAVIT - REQUIRED FOR ELEVATOR CONTRACTOR LICENSE EXAMINATIONS**

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

**VALIDATION AREA**

JOB DUTIES

**1. NEW CONSTRUCTION**

Date(s) Applicant Held This Position \_\_\_\_\_ Number of Months/Years \_\_\_\_\_ % of Time Devoted \_\_\_\_\_

Description of Duties Performed and Equipment Worked On:

**2. MAINTENANCE**

Date(s) Applicant Held This Position \_\_\_\_\_ Number of Months/Years \_\_\_\_\_ % of Time Devoted \_\_\_\_\_

Description of Duties Performed and Equipment Worked On:

**3. MAJOR ALTERATIONS**

Date(s) Applicant Held This Position \_\_\_\_\_ Number of Months/Years \_\_\_\_\_ % of Time Devoted \_\_\_\_\_

Description of Duties Performed and Equipment Worked On:

**4. REPAIRING**

Date(s) Applicant Held This Position \_\_\_\_\_ Number of Months/Years \_\_\_\_\_ % of Time Devoted \_\_\_\_\_

Description of Duties Performed and Equipment Worked On:

**5. ADJUSTING**

Date(s) Applicant Held This Position \_\_\_\_\_ Number of Months/Years \_\_\_\_\_ % of Time Devoted \_\_\_\_\_

Description of Duties Performed and Equipment Worked On:

**6. TESTING**

Date(s) Applicant Held This Position \_\_\_\_\_ Number of Months/Years \_\_\_\_\_ % of Time Devoted \_\_\_\_\_

Description of Duties Performed and Equipment Worked On: