

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
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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.
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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 Journeyman and Certificate of Competency.
- The comment section is required to be filled out by the reference for Certificate of Competency applicants and optional for Journeyman and Contractors.

This Section To Be Completed By Applicant: <input type="checkbox"/> Journeyman <input type="checkbox"/> Certificate of Competency <input type="checkbox"/> Contractor			
NAME OF APPLICANT			
APPLICANT'S STREET ADDRESS	CITY	STATE	ZIP CODE

This Section To Be Completed By Reference For Applicant Named Above:			
NAME OF REFERENCE	NAME OF COMPANY REPRESENTING	LICENSE NUMBER	
REFERENCE'S STREET ADDRESS	CITY	STATE	ZIP CODE
REFERENCE'S RELATIONSHIP TO APPLICANT		Position/Title of Reference: _____	
<input type="checkbox"/> PRESENT EMPLOYER <input type="checkbox"/> FORMER EMPLOYER			
EXACT DATES APPLICANT WAS EMPLOYED (Month, Day, Year) From _____ To _____			

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: _____ _____ _____

Name of Applicant:

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:

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 Journeyman 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	DATE
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