Work Experience Report

Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes/Mechanical Division
PO Box 30255, Lansing, MI 48909
517-241-9325
www.michigan.gov/bcc

Authority: 1984 PA 192 Completion: Mandatory Penalty: Failure to complete will result in denial of the applicants application.	LARA Is an equal opportunity employer/program. Auxillary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

The applicant named below is being considered for a Mechanical Contractors Examination. The information will be used to provide administrative services to the applicant. **Please return this form to the applicant after completion so they can submit with his/her application**.

To Be Completed By Applicant

NAME OF APPLICANT			
APPLICANT'S STREET ADDRESS	CITY	STATE	ZIP CODE

To Be Completed By Employer

NAME OF EMPLOYER		LICENSE NUMBER	
EMPLOYER'S STREET ADDRESS	CITY	STATE	ZIP CODE
TYPE OF EMPLOYMENT ☐ FULL TIME ☐ PART TIME	EMPLOYER'S RELATIONSHIP TO APPLICANT ☐ PRESENT EMPLOYER ☐ FORMER EMPLOYER		
EXACT DATES APPLICANT WAS IN YOUR EMPLOY (Month, Day, Year) From _____ To_____			

EXPERIENCE RECORD

Applicant must provide **notarized statements from employer** verifying work experience in accordance with Section 338.976 of the Forbes Mechanical Contractors Act, and R 338.903 of the Board of Mechanical Rules license examination procedures. Each notarized statement must include a **detailed** description of the work performed, the length of time and dates that the work was performed, the employer under which the work was performed, and the title of the individual signing the statement.

A **DETAILED** description of work performed **must** include, but not limited to, heating/cooling BTU ratings, venting and duct systems, types of fuel, types of refrigerants, types of equipment and types of fire supression systems and equipment if applicable. This information must be signed by your current or former employer(s) and notarized.

WORK CLASSIFICATIONS

1. Hydronic Heating and Cooling and Process Piping (includes the installation of residential boilers)

Date(s) Employee Held This Position _____ Number of Months/Years_____

Description of Duties Performed

_____

_____

_____

_____

2. HVAC Equipment (includes ductwork, gas piping and venting)

Date(s) Employee Held This Position _____ Number of Months/Years_____

Description of Duties Performed

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Name of Applicant:

3. Ductwork

Date(s) Employee Held This Position _____ Number of Months/Years_____

Description of Duties Performed:

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4. Refrigeration

Date(s) Employee Held This Position _____ Number of Months/Years_____

Description of Duties Performed:

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5. Limited Heating Service

Date(s) Employee Held This Position _____ Number of Months/Years_____

Description of Duties Performed:

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6. Unlimited Heating Service

Date(s) Employee Held This Position _____ Number of Months/Years_____

Description of Duties Performed:

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7. Limited Refrigeration and Air Conditioning Service

Date(s) Employee Held This Position _____ Number of Months/Years_____

Description of Duties Performed:

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8. Unlimited Refrigeration and Air Conditioning Service

Date(s) Employee Held This Position _____ Number of Months/Years_____

Description of Duties Performed:

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9. Fire Suppression

Date(s) Employee Held This Position _____ Number of Months/Years_____

Description of Duties Performed:

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Name of Applicant:

10. Specialty License

☐ a. Solar Heating and Cooling

Date(s) Employee Held This Position _____ Number of Months/Years_____

Description of Duties Performed:

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☐ b. Solid Fuel Equipment & Vented Decorative Gas Appliances

Date(s) Employee Held This Position _____ Number of Months/Years_____

Descrption of Duties Performed:

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☐ c. LP Distribution Piping

Date(s) Employee Held This Position _____ Number of Months/Years_____

Description of Duties Performed:

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_____

☐ d. Fuel Gas Piping

Date(s) Employee Held This Position _____ Number of Months/Years_____

Description of Duties Performed:

_____

_____

☐ e. Fuel Gas Piping & Venting

Date(s) Employee Held This Position _____ Number of Months/Years_____

Description of Duties Performed:

_____

_____

Certification and Signature

I certify the above information is true and accurate to the best of my knowledge.

TYPE/PRINT NAME	TITLE	TELEPHONE NUMBER
SIGNATURE		DATE

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_____.