



RICK SNYDER
GOVERNOR

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

STEVE ARWOOD
DIRECTOR

STATE PLUMBING BOARD
Conference Room No. 3
2501 Woodlake Circle
Okemos, Michigan 48864

AGENDA

June 3, 2014

10:00 a.m. Eastern Standard Time

1. Call to Order and Determination of Quorum D. Jones
2. Approval of Agenda – June 3, 2014 (Pages 1 – 2)
3. Approval of Minutes – February 25, 2014 (Pages 3 – 7)
Approval of Examination Minutes – February 26, 2014 and March 26, 2014 (Pages 8 – 9)
4. Examination Results (Pages 10 – 12)
 - A. Journey Plumber – February 26, 2014
 - B. Master Plumber – February 26, 2014
 - C. Plumbing Contractor – March 26, 2014
5. Applicants Appearing Before the Board (Pages 13 – 42)
 - A. Hood, Patrick C. Journey Plumber
 - B. Leiz, Robert C. Journey Plumber
 - C. Mann, Jeffrey M. Journey Plumber
 - D. Griffin, Curtis D. Master Plumber
6. Construction Code Appeal Request Hearing (Pages 43 – 50) J. Madziar
 - A. Derocher Construction, Al Serra Chevrolet, CCC-PLBG-14-001
7. Chief's Report J. Madziar
8. Legislative Update
9. Unfinished Business – Good Moral Character Review Hearing
 - A. Boone, James T. Plumbing Apprentice Registration

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

State Plumbing Board Agenda

Page 2

June 3, 2014

10. New Business
11. Public Comment
12. Next Meeting – July 16, 2014
13. Adjournment



RICK SNYDER
GOVERNOR

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

STEVE ARWOOD
DIRECTOR

STATE PLUMBING BOARD
Conference Room No. 3
2501 Woodlake Circle
Okemos, Michigan 48864

MINUTES
February 25, 2014
10:00 a.m. Eastern Standard Time

MEMBERS PRESENT

Mr. David Jones, Chairperson
Mr. Curt McNitt
Mr. Anthony D'Ascenzo
Mr. Daniel Nixon
Mr. Steve Busch

MEMBERS ABSENT

Mr. Walter Maner
Mr. Brock Howard

DEPARTMENT PERSONNEL ATTENDING

Mr. Irvin Poke, Director, BCC
Mr. Keith Lambert, Deputy Director, BCC
Mr. Joseph Madziar, Chief, Plumbing Division
Mr. Andy Neuman Jr., Assistant Chief, Plumbing Division
Mr. Kole Myers, Senior Plumbing Inspector
Mrs. Sara Leiby, Secretary, Plumbing Division
Ms. Diane Barmes, Review Analyst, Office of Administrative Services

OTHERS IN ATTENDANCE

Ms. Cindy Maher, MPMCA
Mr. Anthony Ganger, Master Applicant
Mr. Kirk Russ, Master Applicant
Mr. Albert Schimanski, Master Applicant
Mr. Patrick Warner, Master Applicant
Mr. Jack Winfree, Apprentice Applicant

1. CALL TO ORDER AND DETERMINATION OF QUORUM

Chairperson Jones called the meeting to order at 10:00 a.m. A quorum was 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. NOMINATION AND ELECTION OF OFFICERS

Board Member Busch moved to nominate David Jones as Chairperson. Board Member Nixon seconded the motion. **MOTION CARRIED UNANIMOUSLY.**

Board Member Busch moved to nominate Daniel Nixon as Vice Chairperson. Board Member D'Ascenzo seconded the motion. **MOTION CARRIED UNANIMOUSLY.**

Board Member McNitt moved to nominate Walter Maner as Secretary. Board Member D'Ascenzo seconded the motion. **MOTION CARRIED UNANIMOUSLY.**

3. APPROVAL OF AGENDA

Board Member D'Ascenzo moved to approve the agenda for the February 25, 2014 State Plumbing Board meeting. Board Member McNitt seconded the motion. **MOTION CARRIED.**

4. APPROVAL OF MINUTES

Board Member Nixon moved to approve the board minutes from the **December 3, 2013** meeting. Board Member D'Ascenzo seconded the motion. **MOTION CARRIED.**

5. APPROVAL OF EXAMINATION MINUTES

Board Member McNitt moved to approve the examination minutes of the Journey Plumber and Master Plumber Examinations held on **December 4, 2013** and the Plumbing Contractor Examination held on **December 18, 2013**. Board Member Nixon seconded the motion. **MOTION CARRIED.**

6. APPLICANTS APPEARING BEFORE THE BOARD

A. **Mr. Anthony E. Ganger**, Master Applicant, appeared before the Board requesting permission to take the Master Plumber Examination. Mr. Ganger provided documentation verifying his out-of-state license was obtained through substantially the same requirements as the State of Michigan.

After a discussion with Mr. Ganger regarding his qualifications to take the Master Plumber Examination, Board Member Busch moved to allow Mr. Ganger to take the Master Plumber Examination. Board Member D'Ascenzo seconded the motion. **MOTION CARRIED.**

B. **Mr. Kirk D. Russ**, Master Applicant, appeared before the Board requesting permission to take the Master Plumber Examination. Mr. Russ provided documentation verifying his out-of-state license was obtained through substantially the same requirements as the State of Michigan.

After a discussion with Mr. Russ regarding his qualifications to take the Master Plumber Examination, Board Member D'Ascenzo moved to allow Mr. Russ to take the Master Plumber Examination. Board Member McNitt seconded the motion. **MOTION CARRIED.**

- C. **Mr. Albert C. Schimanski**, Master Applicant, appeared before the Board requesting permission to take the Master Plumber Examination. Mr. Schimanski provided documentation verifying his out-of-state license was obtained through substantially the same requirements as the State of Michigan.

After a discussion with Mr. Schimanski regarding his qualifications to take the Master Plumber Examination, Board Member Busch moved to allow Mr. Schimanski to take the Master Plumber Examination. Board Member Nixon seconded the motion. **MOTION CARRIED.**

- D. **Mr. Patrick F. Warner**, Master Applicant, appeared before the Board requesting permission to take the Master Plumber Examination. Mr. Warner provided documentation verifying his out-of-state license was obtained through substantially the same requirements as the State of Michigan.

After a discussion with Mr. Warner regarding his qualifications to take the Master Plumber Examination, Board Member D'Ascenzo moved to allow Mr. Warner to take the Master Plumber Examination. Board Member McNitt seconded the motion. **MOTION CARRIED.**

7. **NEW PRODUCTS**

- A. **Custom Building Products, Inc., RedGard Fabric Membrane, BCCP-14-001**

Mr. Madziar presented the Board a product approval request from Custom Building Products, Inc. for RedGard Fabric Membrane, Models RFM54 and RFM323.

Following a review and discussion, Board Member McNitt moved to forward the product to the Commission for approval. Board Member D'Ascenzo seconded the motion. **MOTION CARRIED.**

- B. **Custom Building Products, Inc., RedGard Crack Prevention and Waterproofing Membrane, BCCP-14-002**

Mr. Madziar presented the Board a product approval request from Custom Building Products, Inc. for RedGard Crack Prevention and Waterproofing Membrane, Models LQWAF1 and LQWAF3.

Following a review and discussion, Board Member D'Ascenzo moved to forward

the product to the Commission for approval. Board Member Nixon seconded the motion. **MOTION CARRIED.**

C. Custom Building Products, Inc., Custom 9240 Waterproofing and Anti-Fracture Membrane, BCCP-14-003

Mr. Madziar presented the Board a product approval request from Custom Building Products, Inc. for RedGard Custom 9240 Waterproofing and Anti-Fracture Membrane, Models C9240K, C9240L, and C9240F.

Following a review and discussion, Board Member McNitt moved to forward the product to the Commission for approval. Board Member Nixon seconded the motion. **MOTION CARRIED.**

8. GOOD MORAL CHARACTER REVIEW HEARING

A. Mr. Jack A. Winfree, Apprentice Applicant, appeared before the Board requesting good moral character approval for processing of Plumbing Apprentice Registration.

Mr. Jack A. Winfree was duly sworn in before providing testimony.

Following a review and discussion with Mr. Winfree, Board Member D'Ascenzo moved to deny Mr. Winfree of good moral character for registration as a plumbing apprentice. Mr. Winfree may reapply following discharge from parole with no subsequent convictions. Board Member Nixon seconded the motion. **MOTION CARRIED.**

9. CHIEF'S REPORT

Mr. Madziar provided information on the following issues:

- A.** The 2012 Code Update Courses are currently being provided. Seventeen instructors, including Mr. Madziar, have been approved to provide the course at this time.
- B.** The 2012 Michigan Residential Code is currently in the committee process.
- C.** Mr. Jim Kelsey, State Plumbing Inspector, retired as of January 31, 2014. Mr. Bob Page, State Plumbing Inspector will return March 3, 2014 from extended sick leave due to surgery. Mr. Kole Myers, Senior Plumbing Inspector, has been covering both inspectors' areas in their absence.
- D.** The 2014 Plumbing Renewal Cycle is in progress. Annual renewals have been sent to current journey plumbers, plumbing apprentices, and plumbing affidavits.

- E. Inspector joint training with Code Officials Conference of Michigan took place on February 4th and 5th.

10. LEGISLATIVE UPDATE

Mr. Keith Lambert presented information on the following legislation and department update:

- A. Senate Bill 576 will create new conflict of interest standards for regulatory boards and commissions within the department if enacted.
- B. House Bills 5317 regarding DEQ and the Michigan Safe Drinking Water Act and 5318 regarding the Stille-Derossett-Hale Single State Construction Code Act 230 of 1972 proposing addition of section 13g.
- C. Reinventing Performance in Michigan directive to consolidate forms.

11. UNFINISHED BUSINESS

Chairperson Jones inquired on which Board Members will be at the upcoming Plumbing Contractor Examinations through the July examination. Mr. Madziar explained scheduling conflict for the July board meeting and examination.

12. NEW BUSINESS

Mr. Irvin Poke notified the Board of upcoming training that will be provided by the Attorney General's office.

13. PUBLIC COMMENT

None

14. NEXT MEETING

June 3, 2014

15. ADJOURNMENT

Board Member Busch moved to adjourn the meeting at 11:04 a.m. Eastern Standard Time. Board Member D'Ascenzo seconded the motion. **MOTION CARRIED.**

Approved: _____ Date: _____

Chairperson David Jones



RICK SNYDER
GOVERNOR

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

STEVE ARWOOD
DIRECTOR

STATE PLUMBING BOARD
Michigan State University
Agriculture and Livestock Education Pavilion
East Lansing, Michigan 48823

EXAMINATION MINUTES
February 26, 2014 and March 26, 2014
8:00 a.m. and 9:00 a.m. EST

MEMBERS PRESENT

Mr. David Jones, Chairperson
Mr. Daniel Nixon
Mr. Anthony D'Ascenzo
Mr. Curt McNitt

MEMBERS ABSENT

Mr. Steve Busch
Mr. Brock Howard
Mr. Walter Maner

DEPARTMENT PERSONNEL ATTENDING

Mr. Joseph T. Madziar, Chief, Plumbing Division
Mr. Andy B. Neuman Jr., Assistant Chief, Plumbing Division
Mr. Kole Myers, Senior Plumbing Inspector
Mr. Allon Robbins, State Plumbing Inspector

Chairperson Jones introduced the Plumbing Board members. Mr. Andy Neuman provided instructions to the candidates for the Journey Plumber Examination. Mr. Joseph Madziar provided instructions to the candidates for the Master Plumber Examination.

Sixty-two journey applicants had been approved for the examination; 51 applicants took the examination.

Thirty-five master applicants had been approved for the examination; 29 applicants took the examination.

The Chief of the Plumbing Division, Assistant Chief of the Plumbing Division, Senior Plumbing Inspector, 1 State Plumbing Inspector, and 3 proctors assisted the State Plumbing Board with the examinations.

Twenty-eight plumbing contractor applicants had been approved for the examination; 25 applicants took the examination.

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

State Plumbing Board Examination Minutes

Page 2

February 26, 2014 and March 26, 2014

The Assistant Chief of the Plumbing Division and 2 proctors assisted with the contractor examination.

Approved: _____ Date: _____
David Jones, Chairperson

DRAFT

Journey Plumber's Passed List
February 26, 2014

Journey Plumber

Address

BILOTTI, MATTHEW J

WAYLAND MI

BOYER, BRIAN D

YPSILANTI MI

DOZEMAN, BRENT J

HAMILTON MI

MCMANAWAY, JUSTIN Z

MONROE MI

MORSE, PAUL E

SAGINAW MI

NAEBECK, SCOTT M

YPSILANTI MI

OCONNOR, JAMES F III

LIVONIA MI

WILL, LUKE A

MACOMB TWP MI

WROTE, PATRICIA A

FLUSHING MI

YARBROUGH, JAMES E

WYANDOTTE MI

ZIGA, BRIAN S JR

DEARBORN MI

Master Plumber's Passed List
February 26, 2014

Master Plumber

Address

ALSUM, JAYSON L

HUDSONVILLE MI

BURKETT, JESSIE S

CANTON MI

CONNER, ADAM J

CLAWSON MI

MCADAMS, BRETT M

TRAVERSE CITY MI

MIRON, DOUGLAS D

SPARTA MI

REDDER, JOEL D

WATERFORD MI

SCHIMANSKI, ALBERT C

NEW SMYRNA BEACH FL

VAN HALST, AARON L

MASON MI

Plumbing Contractor's Passed List
March 26, 2014

<u>Plumbing Contractor</u>	<u>Address</u>
COLLINGS, MATTHEW C	WAYNE MI
CRISPIN, SHARON L	SOUTH LYON MI
EARLES, DOUGLAS E	WHITE LAKE MI
FALZON, RONALD D	WHITE LAKE MI
HARP, JACOB J	AVOCA MI
HUIZINGA, MARK A	KALAMAZOO MI
JENKINS, BRAD H	FT WAYNE IN
KREH, AARON J	WEST BRANCH MI
LIETZ, EDWARD J	MACOMB MI
MARSHALL, ERIC T	ORION TWP MI
MISIEWICZ, KENNETH D	VERMONTVILLE MI
MORRIS, JOSHUA M	DAVISON MI
MUSIC, TIMOTHY A	UTICA MI
NELSON MISHKO, NICOL	ROYAL OAK MI
PIEBENGA, DANIEL L	WYOMING MI
POWER, MICHAEL T	WARREN MI
REINSMITH, ERIN F	BRIGHTON MI
TUTTLE, WILBUR J	SOUTHFIELD MI
WATSON, ROBERT L	CANTON MI
YUNKER, ROBERT A	FARMINGTON MI

RECEIVED

Call 113
APR 22 2013

APR 22 2013

PLUMBING DIVISION

Application for Journey Plumber Examination
Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes / Plumbing Division
P.O. Box 30255, Lansing, MI 48909
517-241-9330
www.michigan.gov/bcc

95

Tran Info: 95 18597911-1 04/15/13
Chk#: 1358 Amt: \$100.00
ID: PATRICK CASEY HOOD

Authority: 2002 PA 733
Completion: Necessary for examination consideration

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

Out of State Experience

experience shall

INCOMPLETE APPLICATION

REINSTATE LICENSE

OFFICE USE ONLY

T-82 23744

Applicant Information

NAME (Last, First, Middle) <i>Hood Patrick Casey</i>		LAST 4 DIGITS OF SOCIAL SECURITY NUMBER XXX-XX- <i>[REDACTED]</i>
HOME ADDRESS <i>[REDACTED]</i>		DATE OF BIRTH <i>[REDACTED]</i>
CITY <i>[REDACTED]</i>		<i>[REDACTED]</i>
ZIP CODE <i>[REDACTED]</i>		ZIP CODE (Include Area Code) <i>[REDACTED]</i>

Current Status

1. Have you previously applied to take the Michigan journey plumber examination? Yes No

2. Are you now licensed as a journey plumber in another state or country? Yes No
Journey Plumber License No. *JP21300017* State/Country *Indiana*

3. Are you registered as an apprentice with the State of Michigan? Yes No
Apprentice No. 83- *03098 06-06 3-18-05-4-30-06*

Examination Preference

Examinations are conducted in March, June, September and December of each year. Please indicate a preference of examination date. If approved for examination, an admission card will be mailed to you approximately 10 days prior to the examination date. If the examination date you have selected is full, you will be scheduled for the next available examination.

Preferred Date

September

No Preference - Next Available Examination

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.

Apprenticeship School

1. Have you attended a joint apprenticeship school? Yes (complete information below) No

NAME OF SCHOOL <i>Indiana South Bend Local 172 plumbers/pipefitters</i>	CITY <i>South Bend,</i>	STATE <i>IN</i>
INSTRUCTOR <i>Broc Buczolin Apprenticeship Coordinator</i>	DATES ATTENDED (MO/DAY/YR) From: <i>Aug 08</i> To: <i>May 2013</i>	

2. Have you attended other plumbing schools (military, adult education, etc.)? Yes (complete information below) No

NAME OF SCHOOL <i>Southwestern Michigan College (plumbing apprenticeship)</i>	CITY <i>Dowagiac</i>	STATE <i>MI</i>
INSTRUCTOR <i>-</i>	DATES ATTENDED (MO/DAY/YR) From: To:	

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

Experience Record

Master plumbers completing the work history information shall begin with the most recent employment and continue in reverse time order. Describe the type of work performed in detail to enable the reviewer to correctly evaluate qualifications. List each position held as an apprentice plumber. If there is a lapse in employment (military service, jobs unrelated to plumbing, unemployment, etc) please explain.

Part-Time Experience

If the applicant has any part-time experience, or if period of employment starts before graduation from high school or while attending college, a separate sheet on company letterhead must be attached documenting exactly how many hours were worked each week during the period. The attached sheet must also be notarized and signed by the authorized master plumber including his/her license number.

Out-of-State/Country Experience

A person who is licensed as a journey plumber in another state or country may qualify for examination upon a determination by the Board that the license was obtained by the person through substantially the same or equal requirements as those of the state of Michigan. Out of state/country applicants must provide a copy of their current license with the licensing rules and regulations from that state/country. If the applicant has out-of-state/country experience, but not licensed, the applicant must provide a license certification letter from that state's licensing entity to verify their employer held a license as a plumbing contractor during their employment.

Present Employer - This section is to be completed by the master plumber supervising the applicant

NAME OF EMPLOYER <i>BC Mechanical Inc</i>			NAME OF MASTER PLUMBER <i>William L. Correa</i>		
BUSINESS ADDRESS <i>882 Anderson Rd</i>			DATES OF APPRENTICE'S EMPLOYMENT (MO/DAY/YR) From: <i>5/2007</i> To: <i>Present</i>		
CITY <i>Niles</i>	STATE <i>Mi</i>	ZIP CODE <i>49120</i>	<input checked="" type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	No. Hours/Week <i>40</i>
TYPE OF WORK PERFORMED <input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input checked="" type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
DESCRIPTION OF WORK <i>Plumbing for New Construction and Existing Buildings All Phases Rough in</i>					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as an apprentice whose principal occupation was engaged in learning and assisting in the practical installation of plumbing drainage. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, <i>Thomas Gulliford</i> this <i>4th</i> day of <i>April</i> <i>2013</i>		
SIGNATURE OF MASTER PLUMBER <i>William L. Correa</i>			a Notary Public in and for <i>Bernier</i> County, Michigan.		
LICENSE NUMBER <i>8110598/8000143</i>			Signature of Notary Public <i>[Signature]</i> My Commission expires: <i>5/8/17</i>		

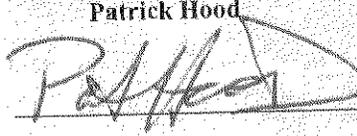
Indiana Professional Licensing Agency
402 W. Washington St., Room W072, Indianapolis, IN 46204
(317) 234-3022

Journeyman Plumber

License Number	Expiration Date	License Status
JP21300017	12/31/2013	Active

Patrick Hood

Signature





RICK SNYDER
GOVERNOR

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

STEVE ARWOOD
DIRECTOR

June 21, 2013

Mr. Patrick C. Hood


Dear Mr. Hood:

This letter is to notify you that the Plumbing Division has received your incomplete **Application for Journey Plumber Examination**.

Your original application will be placed in our pending file until you complete the Employment Information section on the enclosed application and return to us. Unlicensed experience in the State of Michigan will not be acceptable to qualify for examination. Your apprentice registration expired on 04/30/2006. If you would like to reinstate your registration, please return the completed enclosed reinstatement application with the required fee. **If you would like to be considered for the examination based on your out of state experience, your out of state experience must be provided in the Employment Information section on the enclosed application.**

In addition, you must provide your telephone number, describe the type of plumbing work performed in detail to enable the reviewer to correctly evaluate qualifications, sign, and date Page 4 on the enclosed application.

Please return this letter with the completed application to:

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

If you have any questions, contact this office at (517) 241-9330.

Sincerely,

Joseph T. Madziar, Chief
Plumbing Division

JTM/sjl

Enclosure

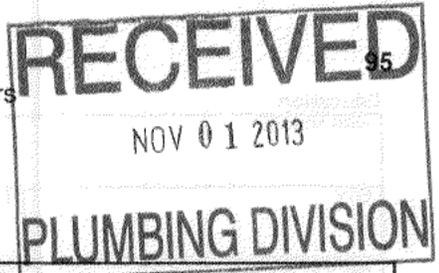
Providing for Michigan's Safety in the Built Environment

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

Original application is held in the Plumbing Division's office. Please complete the application and return to us promptly.

Application for Journey Plumber Examination
 Michigan Department of Licensing and Regulatory Affairs
 Bureau of Construction Codes / Plumbing Division
 P.O. Box 30255, Lansing, MI 48909
 517-241-9330
 www.michigan.gov/bcc



CANC OR 12/11/13

Examination Fee: \$100.00 (Nonrefundable)

Authority: 2002 PA 733	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
Completion: Necessary for examination consideration	
Penalty: Application cancelled and fee forfeited	

Instructions: Applicant shall be at least 18 years of age and have 6,000 hours experience over a period of not less than 3 years. The experience shall be under the supervision of a master plumber. **Applicant shall be a current registered Michigan apprentice under 2002 PA 733.**

- Complete and sign original application. Type or print in ink.
- Master plumbers who supervised you as an apprentice must certify your dates of employment and have their signature notarized.
- Enclose a check made payable to the State of Michigan.
- Mail completed application (all pages must be submitted) and payment to the address listed above.

OFFICE USE ONLY
T-82

Applicant Information

NAME (Last, First, Middle) HOOD, PATRICK C.	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER* XXX-XX-
	DATE OF BIRTH
PENDING JOURNEY APPLICANT	COUNTY
	TELEPHONE NUMBER (Include Area Code)

Current Status

1. Have you previously applied to take the Michigan journey plumber examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are you now licensed as a journey plumber in another state or country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Journey Plumber License No. _____ State/Country _____		
3. Are you registered as an apprentice with the State of Michigan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Apprentice No. 83- _____		

Examination Preference

Examinations are conducted in March, June, September and December of each year. Please indicate a preference of examination date. If approved for examination, an admission card will be mailed to you approximately 10 days prior to the examination date. If the examination date you have selected is full, you will be scheduled for the next available examination.

Preferred Date _____ No Preference - Next Available Examination

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.

Apprenticeship School

1. Have you attended a joint apprenticeship school? <input type="checkbox"/> Yes (complete information below) <input type="checkbox"/> No		
NAME OF SCHOOL	CITY	STATE
INSTRUCTOR	DATES ATTENDED (MO/DAY/YR) From: _____ To: _____	
2. Have you attended other plumbing schools (military, adult education, etc.)? <input type="checkbox"/> Yes (complete information below) <input type="checkbox"/> No		
NAME OF SCHOOL	CITY	STATE
INSTRUCTOR	DATES ATTENDED (MO/DAY/YR) From: _____ To: _____	

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

Experience Record

Master plumbers completing the work history information shall begin with the most recent employment and continue in reverse time order. Describe the type of work performed in detail to enable the reviewer to correctly evaluate qualifications. List each position held as an apprentice plumber. If there is a lapse in employment (military service, jobs unrelated to plumbing, unemployment, etc) please explain.

Part-Time Experience

If the applicant has any part-time experience, or if period of employment starts before graduation from high school or while attending college, a separate sheet on company letterhead must be attached documenting exactly how many hours were worked each week during the period. The attached sheet must also be notarized and signed by the authorized master plumber including his/her license number.

Out-of-State/Country Experience

A person who is licensed as a journey plumber in another state or country may qualify for examination upon a determination by the Board that the license was obtained by the person through substantially the same or equal requirements as those of the state of Michigan. Out of state/country applicants must provide a copy of their current license with the licensing rules and regulations from that state/country. If the applicant has out-of-state/country experience, but not licensed, the applicant must provide a license certification letter from that state's licensing entity to verify their employer held a license as a plumbing contractor during their employment.

Present Employer - This section is to be completed by the master plumber supervising the applicant

NAME OF EMPLOYER <i>B.C. mechanical inc</i>			NAME OF MASTER PLUMBER <i>Bill Correa</i>		
BUSINESS ADDRESS <i>882 Anderson Rd</i>			DATES OF APPRENTICE'S EMPLOYMENT (MO/DAY/YR) From: <i>7/11/07</i> To: <i>Present</i>		
CITY <i>Niles</i>	STATE <i>Mi</i>	ZIP CODE <i>48120</i>	<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time No. Hours/Week <i>40</i>		
TYPE OF WORK PERFORMED <input type="checkbox"/> Residential <input checked="" type="checkbox"/> Heavy Construction <input checked="" type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input checked="" type="checkbox"/> Repair					
DESCRIPTION OF WORK <i>Sanitary waste systems. Storm Drains. Gas piping. Domestic water piping. Hydronic piping. Type of pipe included. copper, pvc, cast Iron, and all Iron pipe.</i>					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as an apprentice whose principal occupation was engaged in learning and assisting in the practical installation of plumbing drainage. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, <i>William Correa</i> this <i>30th</i> day of <i>July</i> , 2013 a Notary Public in and for <i>Benne</i> County, Michigan.		
SIGNATURE OF MASTER PLUMBER <i>William P. Correa</i>			Signature of Notary Public <i>[Signature]</i>		
LICENSE NUMBER <i>8110598</i>			My Commission expires: <i>5/8/17</i>		

Previous Employer - This section is to be completed by the master plumber who supervised the applicant

NAME OF EMPLOYER <i>Hoods Plumbing</i>			NAME OF MASTER PLUMBER <i>Alan Hood</i>		
BUSINESS ADDRESS <i>70625 Elizabeth st.</i>			DATES OF APPRENTICE'S EMPLOYMENT (MO/DAY/YR) From: <i>○</i> To:		
CITY <i>hiles</i>	STATE <i>MI</i>	ZIP CODE <i>49120</i>	<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time No. Hours/Week <i>40</i>		
TYPE OF WORK PERFORMED <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input checked="" type="checkbox"/> Repair					
DESCRIPTION OF WORK <i>service plumbing work. Roughing in of copper water pipe and other domestic water systems as well as sanitary drainage systems. setting fixtures.</i>					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as an apprentice whose principal occupation was engaged in learning and assisting in the practical installation of plumbing drainage. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, _____ this _____ day of _____ a Notary Public in and for _____ County, Michigan. Signature of Notary Public _____ My Commission expires: _____		
SIGNATURE OF MASTER PLUMBER <i>Alan Hood</i>					
LICENSE NUMBER <i>810844(master) 8000940</i>					

Previous Employer - This section is to be completed by the master plumber who supervised the applicant

NAME OF EMPLOYER			NAME OF MASTER PLUMBER		
BUSINESS ADDRESS			DATES OF APPRENTICE'S EMPLOYMENT (MO/DAY/YR) From: To:		
CITY	STATE	ZIP CODE	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time No. Hours/Week _____		
TYPE OF WORK PERFORMED <input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
DESCRIPTION OF WORK					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as an apprentice whose principal occupation was engaged in learning and assisting in the practical installation of plumbing drainage. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, _____ this _____ day of _____ a Notary Public in and for _____ County, Michigan. Signature of Notary Public _____ My Commission expires: _____		
SIGNATURE OF MASTER PLUMBER					
LICENSE NUMBER					

Certification and Signature (Must be signed by all applicants)

I certify the information provided is true and accurate to the best of my ability and that I have the experience required for this examination. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.	
SIGNATURE OF APPLICANT <i>Alan Hood</i>	DATE <i>7-15-13</i>



RICK SNYDER
GOVERNOR

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

STEVE ARWOOD
DIRECTOR

January 24, 2014

Mr. Patrick C. Hood


Dear Mr. Hood:

This letter is to notify you that the Plumbing Division has received your incomplete **Application for Journey Plumber Examination**.

Your original application will be placed in our pending file until you complete the Employment Information section on the enclosed application and return to us. **Unlicensed experience in the State of Michigan will not be acceptable to qualify for examination.** Your apprentice registration expired on 04/30/2006. If you would like to reinstate your registration, please return the completed enclosed reinstatement application with the required fee. **If you would like to be considered for the examination based on your out of state experience, your out of state experience must be provided in the Employment Information section on the enclosed application.**

Please return this letter with the completed application to:

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

If you have any questions, contact this office at (517) 241-9330.

Sincerely,

Joseph T. Madziar, Chief
Plumbing Division

JTM/sjl

Enclosure

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

February 12, 2014

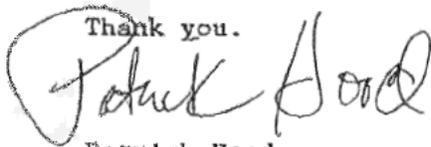
To: Plumbing Division
Fax: 517-373-8547

To Whom It May Concern:

I am writing in regard to my pending plumbing application. There has been some confusion on my out of state experience. I worked for BC Mechanical and even though they have a Michigan address, they are part of Plumbers & Pipefitters Local 172 in South Bend, IN and most of their work is done in Indiana.

I have an Indiana Journeyman Plumbing license which I obtained through a five year apprenticeship with Local 172. I have been plumbing in Indiana for 6 years under the contractor B.C. Mechanical.

Thank you.



Patrick Hood
[REDACTED]

Application for Journey Plumber Examination
 Michigan Department of Licensing and Regulatory Affairs
 Bureau of Construction Codes / Plumbing Division
 P.O. Box 30255, Lansing, MI 48909
 517-241-9330
 www.michigan.gov/bcc

*Call 517-241-9330
 03/29/2013
 Bob*

Examination Fee: \$100.00 (Nonrefundable)

Authority: 2002 PA 733 Completion: Necessary for examination consideration Penalty: Application cancelled and fee forfeited	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
---	--

Out of State Experience

ve 6,000 hours experience over a period of not less than 3 years. The experience shall be a current registered Michigan apprentice under 2002 PA 733.

rtify your dates of employment and have their signature notarized.

INCOMPLETE APPLICATION

Description of work

I payment to the address listed above.

Applicant Information

NAME (Last, First, Middle) <i>Leiz Robert C</i>		OFFICE USE ONLY T-82 <i>23782</i>	
HOME ADDRESS [REDACTED]		LAST 4 DIGITS OF SOCIAL SECURITY NUMBER* XXX-XX-[REDACTED]	
CITY [REDACTED]		DATE OF BIRTH [REDACTED]	
STATE [REDACTED]		COUNTRY [REDACTED]	
ZIP CODE [REDACTED]	TELEPHONE NUMBER (include Area Code) [REDACTED]		

Current Status

1. Have you previously applied to take the Michigan journey plumber examination?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2. Are you now licensed as a journey plumber in another state or country? Journey Plumber License No. <i>JP21100103</i> State/Country <i>IN</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are you registered as an apprentice with the State of Michigan? Apprentice No. 83-_____	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Examination Preference

Examinations are conducted in March, June, September and December of each year. Please indicate a preference of examination date. If approved for examination, an admission card will be mailed to you approximately 10 days prior to the examination date. If the examination date you have selected is full, you will be scheduled for the next available examination.

Preferred Date _____ No Preference - Next Available Examination

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.

Apprenticeship School

1. Have you attended a joint apprenticeship school? <input checked="" type="checkbox"/> Yes (complete information below) <input type="checkbox"/> No		
NAME OF SCHOOL <i>South Bend Plumbers & Pipefitters JATC</i>	CITY <i>South Bend</i>	STATE <i>IN</i>
INSTRUCTOR <i>Bill Rogers</i>	DATES ATTENDED (MO/DAY/YR) From: <i>6-1-2008</i> To: <i>8-1-2012</i>	
2. Have you attended other plumbing schools (military, adult education, etc.)? <input type="checkbox"/> Yes (complete information below) <input checked="" type="checkbox"/> No		
NAME OF SCHOOL	CITY	STATE
INSTRUCTOR	DATES ATTENDED (MO/DAY/YR) From: _____ To: _____	

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

Education

HIGH SCHOOL W.C. Mepham		COLLEGE / UNIVERSITY Nassau Community	
CITY Bellmore	STATE NY	CITY Garden City	STATE NY
HIGHEST GRADE COMPLETED 12	DATE GRADUATED	MAJOR Liberal Arts	DATE GRADUATED

Background Information

Have you been convicted of a felony or misdemeanor? Yes No

If yes, complete the Conviction History section below. Failure to accurately respond to this question will result in you forfeiting any rights of consideration for examination and issuance of a plumber's license in the state of Michigan.

Conviction History

In accordance with the Former Offenders Act, 1974 PA 381, this is to provide you with an opportunity to explain your affirmative response to the question above which asked if you had been convicted of a felony or misdemeanor.

If you are unsure of exact details, respond to the best of your knowledge. The information requested on this form is required under 2002 PA 733 and will be used to process your application. Attach additional sheet(s) if necessary.

YOUR NAME WHEN CONVICTED	
INDICATE CONVICTION(S) FOR WHICH YOU WERE CHARGED	
DATE(S) OF CONVICTION(S) AND SENTENCE(S)	
NAME AND ADDRESS OF SENTENCING COURT(S)	
CHECK YES OR NO TO THE FOLLOWING	
1. Are you a current inmate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2. Are you currently on probation / parole? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, provide the name, address and telephone number of the correctional facility, probation officer or parole officer.	
RELEASE DATE FROM CUSTODY, PROBATION OR PAROLE	
REHABILITATION PROGRAMS ENROLLED IN OR COMPLETED	

Conviction History Certification and Signature (To be signed only if Conviction History section above is completed)

I hereby certify the statements and facts provided are true and accurate to the best of my knowledge. By signing this form, I give my permission to allow the Bureau of Construction Codes to contact appropriate agencies regarding my record of conviction(s).

SIGNATURE OF APPLICANT <i>Robert C. Jez</i>	DATE 6/11/13
--	-----------------

Experience Record

Master plumbers completing the work history information shall begin with the most recent employment and continue in reverse time order. Describe the type of work performed in detail to enable the reviewer to correctly evaluate qualifications. List each position held as an apprentice plumber. If there is a lapse in employment (military service, jobs unrelated to plumbing, unemployment, etc) please explain.

Part-Time Experience

If the applicant has any part-time experience, or if period of employment starts before graduation from high school or while attending college, a separate sheet on company letterhead must be attached documenting exactly how many hours were worked each week during the period. The attached sheet must also be notarized and signed by the authorized master plumber including his/her license number.

Out-of-State/Country Experience

A person **who is licensed** as a journey plumber in another state or country may qualify for examination upon a determination by the Board that the license was obtained by the person through substantially the same or equal requirements as those of the state of Michigan. Out of state/country applicants must provide a copy of their current license with the licensing rules and regulations from that state/country. If the applicant has out-of-state/country experience, **but not licensed**, the applicant must provide a license certification letter from that state's licensing entity to verify their employer held a license as a plumbing contractor during their employment.

Present Employer - This section is to be completed by the master plumber supervising the applicant

NAME OF EMPLOYER <i>B C Mechanical Inc</i>			NAME OF MASTER PLUMBER <i>William L. Correa</i>		
BUSINESS ADDRESS <i>882 Anderson Rd</i>			DATES OF APPRENTICE'S EMPLOYMENT (MO/DAY/YR) From: <i>6/11/2012</i> To: <i>Present</i>		
CITY <i>Niles</i>	STATE <i>Mi</i>	ZIP CODE <i>49120</i>	<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time No. Hours/Week <i>40</i>		
TYPE OF WORK PERFORMED <input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
DESCRIPTION OF WORK <i>New Construction</i>					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as an apprentice whose principal occupation was engaged in learning and assisting in the practical installation of plumbing drainage. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, <i>Robert Leiz</i> this <i>11th</i> day of <i>June</i> <i>2013</i>		
SIGNATURE OF MASTER PLUMBER <i>William T. Correa</i>			a Notary Public in and for <i>Berrien</i> County, Michigan.		
LICENSE NUMBER <i>8110598</i>			Signature of Notary Public <i>[Signature]</i> My Commission expires: <i>5/18/17</i>		

Previous Employer - This section is to be completed by the master plumber who supervised the applicant

NAME OF EMPLOYER			NAME OF MASTER PLUMBER		
BUSINESS ADDRESS			DATES OF APPRENTICE'S EMPLOYMENT (MO/DAY/YR)		
CITY	STATE	ZIP CODE	From:	To:	
			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time No. Hours/Week _____		
TYPE OF WORK PERFORMED					
<input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
DESCRIPTION OF WORK					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as an apprentice whose principal occupation was engaged in learning and assisting in the practical installation of plumbing drainage. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, _____		
SIGNATURE OF MASTER PLUMBER			this _____ day of _____		
LICENSE NUMBER			a Notary Public in and for _____ County, Michigan.		
			Signature of Notary Public _____		
			My Commission expires: _____		

Previous Employer - This section is to be completed by the master plumber who supervised the applicant

NAME OF EMPLOYER			NAME OF MASTER PLUMBER		
BUSINESS ADDRESS			DATES OF APPRENTICE'S EMPLOYMENT (MO/DAY/YR)		
CITY	STATE	ZIP CODE	From:	To:	
			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time No. Hours/Week _____		
TYPE OF WORK PERFORMED					
<input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
DESCRIPTION OF WORK					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as an apprentice whose principal occupation was engaged in learning and assisting in the practical installation of plumbing drainage. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, _____		
SIGNATURE OF MASTER PLUMBER			this _____ day of _____		
LICENSE NUMBER			a Notary Public in and for _____ County, Michigan.		
			Signature of Notary Public _____		
			My Commission expires: _____		

Certification and Signature (Must be signed by all applicants)

I certify the information provided is true and accurate to the best of my ability and that I have the experience required for this examination. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.	
SIGNATURE OF APPLICANT 	DATE 6/11/13



- [New Search](#)
- [Litigation Documents](#)
- [Digital Certification](#)
- [Plumbing Commission](#)

Person Information

Robert C. Leiz

Address Information

License Information

License No:	JP21100103
Profession:	Plumbing Commission
License Type:	Journeyman Plumber
Obtained By Method:	Examination
Issue Date:	9/1/2011
Expiration Date:	12/31/2015
License Status:	Active

Previous Action

Previous Action - None

Related Licenses

No Prerequisite Information

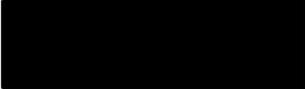


RICK SNYDER
GOVERNOR

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

STEVE ARWOOD
DIRECTOR

August 15, 2013

Mr. Robert C. Leiz


Dear Mr. Leiz:

The Bureau of Construction Codes, Plumbing Division, has received your application for the **Journey Plumber** Examination. The description of work provided is insufficient as a more descriptive description of the types of plumbing work is required. Please fill out the highlighted portion of the enclosed application and return to the address listed below.

Your original application will be placed in our pending file until you complete the enclosed application. The \$100.00 fee is nonrefundable so your prompt reply is necessary.

Please return this letter with the completed application to:

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

If you have any questions, contact this office at (517) 241-9330.

Sincerely,

Joseph T. Madziar, Chief
Plumbing Division

JTM/jal

Enclosure

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

Original application is held in the Plumbing Division's office. Please complete the application and return to us promptly.

Information shall begin with the most recent employment and continue in reverse time order. Describe the employer to correctly evaluate qualifications. List each position held as an apprentice plumber. If there is a change (e.g., related to plumbing, unemployment, etc) please explain.

LEIZ, ROBERT C

Employment starts before graduation from high school or while attending college, a separate sheet must be attached showing exactly how many hours were worked each week during the period. The attached sheet must include his/her license number.

PENDING FILE

Applicants from any other state or country may qualify for examination upon a determination by the Board that the requirements of that state or country are substantially the same or equal to those of the state of Michigan. Out of state/country applicants must provide a copy of their current license with the licensing rules and regulations from that state/country. If the applicant has out-of-state/country experience, **but not licensed**, the applicant must provide a license certification letter from that state's licensing entity to verify their employer held a license as a plumbing contractor during their employment.

Present Employer - This section is to be completed by the master plumber supervising the applicant

NAME OF EMPLOYER			NAME OF MASTER PLUMBER		
BUSINESS ADDRESS			DATES OF APPRENTICE'S EMPLOYMENT (MO/DAY/YR)		
CITY	STATE	ZIP CODE	From:	To:	
			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time No. Hours/Week _____		
TYPE OF WORK PERFORMED					
<input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
DESCRIPTION OF WORK					
Drain cleaning, water heaters, commercial and residential water lines and drains. Set fixtures, gas piping, medical gas piping, AC line sets and condensate drains Acid drain piping and neutralization tanks					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as an apprentice whose principal occupation was engaged in learning and assisting in the practical installation of plumbing drainage. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, _____		
SIGNATURE OF MASTER PLUMBER			this _____ day of _____,		
LICENSE NUMBER			a Notary Public in and for _____ County, Michigan.		
			Signature of Notary Public _____		
			My Commission expires _____		



RICK SNYDER
GOVERNOR

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

STEVE ARWOOD
DIRECTOR

October 17, 2013

Mr. Robert C. Leiz



Dear Mr. Leiz:

This letter is to notify you that the Plumbing Division has received your incomplete **Application for Journey Plumber Examination**.

Your original application will be placed in our pending file until you complete the Employment Information section on the enclosed application and return to us. Experience in the State of Michigan will not be acceptable to qualify for examination since you are not a registered Plumbing Apprentice in the state. **If you would like to be considered for the examination based on your out of state experience, please provide 3 years of your out of state experience in the Employment Information section on the enclosed application.**

Please return this letter with the completed application to:

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

If you have any questions, contact this office at (517) 241-9330.

Sincerely,

Joseph T. Madziar, Chief
Plumbing Division

JTM/jal
Enclosure

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

Previous Employer - This section is to be completed by the master plumber who supervised the applicant

NAME OF EMPLOYER <i>Edward J. White, Inc.</i>			NAME OF MASTER PLUMBER <i>Joe White</i>		
BUSINESS ADDRESS <i>1011 S. Michigan St.</i>			DATES OF APPRENTICE'S EMPLOYMENT (MO/DAY/YR) From: <i>06/18/07</i> To: <i>05/04/09</i>		
CITY <i>South Bend</i>	STATE <i>IN</i>	ZIP CODE <i>46601</i>	<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time No. Hours/Week <i>40</i>		
TYPE OF WORK PERFORMED <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
DESCRIPTION OF WORK <i>Plumbing apprentice</i>					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as an apprentice whose principal occupation was engaged in learning and assisting in the practical installation of plumbing drainage. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, <i>Michael E. Taylor</i>		
SIGNATURE OF MASTER PLUMBER <i>[Signature]</i>			this <i>10th</i> day of <i>February</i> , <i>2014</i>		
LICENSE NUMBER <i>PC19400108</i> ✓			a Notary Public in and for <i>St. Joseph</i> County, Michigan <i>Indiana</i>		
			Signature of Notary Public <i>Michael E. Taylor</i>		
			My Commission expires: <i>8/10/14</i>		

*14
D.S.M.*

Previous Employer - This section is to be completed by the master plumber who supervised the applicant

NAME OF EMPLOYER <i>Dynamic Mechanical Services</i>			NAME OF MASTER PLUMBER <i>Michael Barsa</i>		
BUSINESS ADDRESS <i>1606 Chestnut St</i>			DATES OF APPRENTICE'S EMPLOYMENT (MO/DAY/YR) From: <i>5/21/12</i> To: <i>5/25/12</i>		
CITY <i>Mishawaka</i>	STATE <i>IN</i>	ZIP CODE <i>46545</i>	<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time No. Hours/Week <i>40</i>		
TYPE OF WORK PERFORMED <input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
DESCRIPTION OF WORK <i>Plumbing Apprentice</i>					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as an apprentice whose principal occupation was engaged in learning and assisting in the practical installation of plumbing drainage. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, <i>Michael Barsa</i>		
SIGNATURE OF MASTER PLUMBER <i>[Signature]</i>			this <i>23rd</i> day of <i>April</i> , <i>2014</i>		
LICENSE NUMBER <i>2112008 JP29700167</i>			a Notary Public in and for <i>St. Joseph</i> County, Michigan		
			Signature of Notary Public <i>Deborah A. McCallister</i>		
			My Commission expires: <i>6-3-16</i>		

14

Certification and Signature (Must be signed by all applicants)

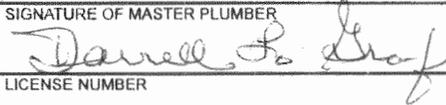
I certify the information provided is true and accurate to the best of my ability and that I have the experience required for this examination. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.	
SIGNATURE OF APPLICANT	DATE

LEIZ, ROBERT C

PENDING JOURNEY FILE

Original application is held in the Plumbing Division's office. Please complete the application and return to us promptly.

Previous Employer - This section is to be completed by the master plumber who supervised the applicant

NAME OF EMPLOYER Ideal Consolidated, Inc.			NAME OF MASTER PLUMBER Darrell L. Graf		
BUSINESS ADDRESS 806 W. Sample St.			DATES OF APPRENTICE'S EMPLOYMENT (MO/DAY/YR) From: 05/18/09 To: 07/10/09 - 2M 11/08/10 To: 02/05/11 - 3M <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time No. Hours/Week 40		
CITY South Bend	STATE IN	ZIP CODE 46601			
TYPE OF WORK PERFORMED <input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
DESCRIPTION OF WORK <div style="text-align: right; border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">5M</div>					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as an apprentice whose principal occupation was engaged in learning and assisting in the practical installation of plumbing drainage. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, <u>Darrell L. Graf</u>		
			this <u>6th</u> day of <u>March</u> , 2014 a Notary Public in and for <u>St. Joseph</u> County, <u>Michigan</u> .		
SIGNATURE OF MASTER PLUMBER 			Signature of Notary Public <u>Mary A. Bellan</u>		
LICENSE NUMBER PC81022570 Indiana, 8002396 Michigan			My Commission expires: <u>08/01/14</u>		

Previous Employer - This section is to be completed by the master plumber who supervised the applicant

NAME OF EMPLOYER			NAME OF MASTER PLUMBER		
BUSINESS ADDRESS			DATES OF APPRENTICE'S EMPLOYMENT (MO/DAY/YR) From: To: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time No. Hours/Week		
CITY	STATE	ZIP CODE			
TYPE OF WORK PERFORMED <input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
DESCRIPTION OF WORK <div style="text-align: right; border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">RECEIVED MAY 1 2014 PLUMBING DIVISION</div>					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as an apprentice whose principal occupation was engaged in learning and assisting in the practical installation of plumbing drainage. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, _____		
			this _____ day of _____, _____ a Notary Public in and for _____ County, Michigan.		
SIGNATURE OF MASTER PLUMBER			Signature of Notary Public _____		
LICENSE NUMBER			My Commission expires: _____		

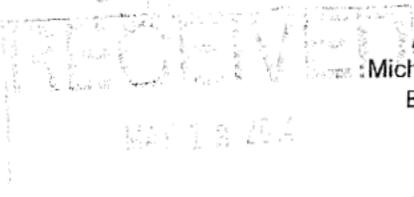
Certification and Signature (Must be signed by all applicants)

I certify the information provided is true and accurate to the best of my ability and that I have the experience required for this examination. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.	
SIGNATURE OF APPLICANT	DATE

LEIZ, ROBERT C

PENDING JOURNEY FILE

Original application is held in the Plumbing Division's office. Please complete the application and return to us promptly.



Application for Journey Plumber Examination
Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes / Plumbing Division
P.O. Box 30255, Lansing, MI 48909
517-241-9330
www.michigan.gov/bcc

Trans Info 195 18596227-1 05/09/14
CASH: 48803 Amt: \$100.00

Examination Fee: \$100.00 (Nonrefundable)

Authority: 2002 PA 733
Completion: Necessary for examination consideration
LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Out of State Experience

ive 6,000 hours experience over a period of not less than 3 years. The experience shall be a current registered Michigan apprentice under 2002 PA 733.

- Complete and sign original application.
- Master plumbers who supervised you as an apprentice must certify your dates of employment and have their signature notarized.
- Enclose a check made payable to the State of Michigan.
- Mail completed application (all pages must be submitted) and payment to the address listed above.

OFFICE USE ONLY
T-82 23885

Applicant Information

NAME (Last, First, Middle) <i>Michael James [redacted]</i>		LAST 4 DIGITS OF SOCIAL SECURITY NUMBER* XXX-XX-XXXX
HOME ADDRESS [redacted]		DATE OF BIRTH [redacted]
CITY [redacted]	COUNTY [redacted]	
STATE [redacted]	ZIP CODE [redacted]	TELEPHONE NUMBER (include Area Code) [redacted]

Current Status

1. Have you previously applied to take the Michigan journey plumber examination? Yes No

2. Are you now licensed as a journey plumber in another state or country? Yes No
 Journey Plumber License No. IP59200189 State/Country IL Illinois

3. Are you registered as an apprentice with the State of Michigan? Yes No
 Apprentice No. 83- _____

Examination Preference

Examinations are conducted in March, June, September and December of each year. Please indicate a preference of examination date. If approved for examination, an admission card will be mailed to you approximately 10 days prior to the examination date. If the examination date you have selected is full, you will be scheduled for the next available examination.

Preferred Date June 4, 2014 No Preference - Next Available Examination

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.

Apprenticeship School

1. Have you attended a joint apprenticeship school? Yes (complete information below) No

NAME OF SCHOOL <i>PHCC</i>	CITY <i>East Lansing</i>	STATE <i>Michigan</i>
INSTRUCTOR	DATES ATTENDED (MO/DAY/YR) From: <i>Aug 1994</i> To: <i>Mar 1998</i>	

2. Have you attended other plumbing schools (military, adult education, etc.)? Yes (complete information below) No

NAME OF SCHOOL	CITY	STATE
INSTRUCTOR	DATES ATTENDED (MO/DAY/YR) From: To:	

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

Education

HIGH SCHOOL		COLLEGE / UNIVERSITY	
CITY	STATE	CITY	STATE
HIGHEST GRADE COMPLETED	DATE GRADUATED	MAJOR	DATE GRADUATED

Background Information

Have you been convicted of a felony or misdemeanor? Yes No

If yes, complete the Conviction History section below. Failure to accurately respond to this question will result in you forfeiting any rights of consideration for examination and issuance of a plumber's license in the state of Michigan.

Conviction History

In accordance with the Former Offenders Act, 1974 PA 381, this is to provide you with an opportunity to explain your affirmative response to the question above which asked if you had been convicted of a felony or misdemeanor.

If you are unsure of exact details, respond to the best of your knowledge. The information requested on this form is required under 2002 PA 733 and will be used to process your application. Attach additional sheet(s) if necessary.

YOUR NAME WHEN CONVICTED	
INDICATE CONVICTION(S) FOR WHICH YOU WERE CHARGED	
DATE(S) OF CONVICTION(S) AND SENTENCE(S)	
NAME AND ADDRESS OF SENTENCING COURT(S)	
CHECK YES OR NO TO THE FOLLOWING	
1. Are you a current inmate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Are you currently on probation / parole? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the name, address and telephone number of the correctional facility, probation officer or parole officer.	
RELEASE DATE FROM CUSTODY, PROBATION OR PAROLE	
REHABILITATION PROGRAMS ENROLLED IN OR COMPLETED	

Conviction History Certification and Signature (To be signed only if Conviction History section above is completed)

I hereby certify the statements and facts provided are true and accurate to the best of my knowledge. By signing this form, I give my permission to allow the Bureau of Construction Codes to contact appropriate agencies regarding my record of conviction(s).

SIGNATURE OF APPLICANT	DATE
------------------------	------

Experience Record

Master plumbers completing the work history information shall begin with the most recent employment and continue in reverse time order. Describe the type of work performed in detail to enable the reviewer to correctly evaluate qualifications. List each position held as an apprentice plumber. If there is a lapse in employment (military service, jobs unrelated to plumbing, unemployment, etc) please explain.

Part-Time Experience

If the applicant has any part-time experience, or if period of employment starts before graduation from high school or while attending college, a separate sheet on company letterhead must be attached documenting exactly how many hours were worked each week during the period. The attached sheet must also be notarized and signed by the authorized master plumber including his/her license number.

Out-of-State/Country Experience

A person who is licensed as a journey plumber in another state or country may qualify for examination upon a determination by the Board that the license was obtained by the person through substantially the same or equal requirements as those of the state of Michigan. Out of state/country applicants must provide a copy of their current license with the licensing rules and regulations from that state/country. If the applicant has out-of-state/country experience, but not licensed, the applicant must provide a license certification letter from that state's licensing entity to verify their employer held a license as a plumbing contractor during their employment.

Present Employer - This section is to be completed by the master plumber supervising the applicant

NAME OF EMPLOYER <i>North Canton Plumbing Inc</i>			NAME OF MASTER PLUMBER <i>James H. Anderson Jr.</i>		
BUSINESS ADDRESS <i>1731 N. Cedar St</i>			DATES OF APPRENTICE'S EMPLOYMENT (MO/DAY/YR) From: <i>1/20/11</i> To: <i>current</i>		
CITY <i>North Canton</i>	STATE <i>OH</i>	ZIP CODE <i>44055</i>	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time No. Hours/Week <i>40</i>		
TYPE OF WORK PERFORMED <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
DESCRIPTION OF WORK <i>Service call water heater and faucet</i>					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as an apprentice whose principal occupation was engaged in learning and assisting in the practical installation of plumbing drainage. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, <i>Robin L. Kealy</i>		
SIGNATURE OF MASTER PLUMBER <i>[Signature]</i>			this <i>2nd</i> day of <i>May</i> , <i>2014</i>		
LICENSE NUMBER <i>8107595 / PC.81057228</i>			a Notary Public in and for <i>Columbiana</i> County, Michigan.		
			Signature of Notary Public <i>[Signature]</i>		
			My Commission expires: <i>07/05/2014</i>		

Previous Employer - This section is to be completed by the master plumber who supervised the applicant

NAME OF EMPLOYER <i>Plumbing & Heating Services</i>			NAME OF MASTER PLUMBER		
BUSINESS ADDRESS <i>1234 Main St</i>			DATES OF APPRENTICE'S EMPLOYMENT (MO/DAY/YR)		
CITY <i>Ann Arbor</i>	STATE <i>MI</i>	ZIP CODE <i>48106</i>	From: <i>1/15/19</i>	To: <i>5/1/19</i>	
<input checked="" type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
DESCRIPTION OF WORK <i>Residential service - 1200</i>					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as an apprentice whose principal occupation was engaged in learning and assisting in the practical installation of plumbing drainage. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, _____		
SIGNATURE OF MASTER PLUMBER			this _____ day of _____		
LICENSE NUMBER			a Notary Public in and for _____ County, Michigan.		
			Signature of Notary Public _____		
			My Commission expires: _____		

Previous Employer - This section is to be completed by the master plumber who supervised the applicant

NAME OF EMPLOYER			NAME OF MASTER PLUMBER		
BUSINESS ADDRESS			DATES OF APPRENTICE'S EMPLOYMENT (MO/DAY/YR)		
CITY	STATE	ZIP CODE	From:	To:	
<input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
DESCRIPTION OF WORK					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as an apprentice whose principal occupation was engaged in learning and assisting in the practical installation of plumbing drainage. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, _____		
SIGNATURE OF MASTER PLUMBER			this _____ day of _____		
LICENSE NUMBER			a Notary Public in and for _____ County, Michigan.		
			Signature of Notary Public _____		
			My Commission expires: _____		

Certification and Signature (Must be signed by all applicants)

I certify the information provided is true and accurate to the best of my ability and that I have the experience required for this examination. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.	
SIGNATURE OF APPLICANT <i>[Signature]</i>	DATE <i>5-1-19</i>

	
New Search Litigation Documents Digital Certification Plumbing Commission	Person Information
	JEFFREY M MANN
	Address Information
	[REDACTED]
	License Information
	License No: JP20000158 Profession: Plumbing Commission License Type: Journeyman Plumber Obtained By Method: Examination Issue Date: 4/7/2000 Expiration Date: 12/31/2015 License Status: Active
	Previous Action
Previous Action - None	
Related Licenses	
No Prerequisite Information	

Application for Master Plumber Examination
 Michigan Department of Licensing and Regulatory Affairs
 Bureau of Construction Codes / Plumbing Division
 P.O. Box 30255, Lansing, MI 48909
 517-241-9330
 www.michigan.gov/bcc

Form BCC-329 (Rev. 4/11) Page 1
 BCC-329 (Rev. 4/11) Page 1
 BCC-329 (Rev. 4/11) Page 1

Examination Fee: \$100.00 (Nonrefundable)

Authority: 2002 PA 733	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
Completion: Necessary for examination consideration	
Penalty: Application cancelled and fee forfeited	

Out of State Experience

ge, hold a journey license issued under 2002 PA 733 and have a minimum of 4,000 period of at least 2 years immediately preceding the date of application.

Complete and sign original application form in ink.

- Master plumbers who supervised you as a journey plumber must certify your dates of employment and have their signature notarized.
- Enclose a check made payable to the **State of Michigan**.
- Mail completed application (**all pages must be submitted**) and payment to the address listed above.

Eligibility of Applicants From Another State or Country

A person who is licensed as a master plumber in another state or country may qualify for examination upon a determination by the board that the license was obtained by the person through substantially the same or equal requirements as those of the state of Michigan. Out-of-state/country applicants must provide a copy of their current license with the licensing rules and regulations from that state/country.

			OFFICE USE ONLY	
Applicant Information			T-81 12913	
NAME (Last, First, Middle) <i>Christina Conner Dalton</i>		LAST 4 DIGITS OF SOCIAL SECURITY NUMBER* XXX-XX- [REDACTED]		
HOME ADDRESS [REDACTED]		DATE OF BIRTH [REDACTED]		
CITY [REDACTED]		COUNTY [REDACTED]		
STATE [REDACTED]	ZIP CODE [REDACTED]	TELEPHONE NUMBER (include Area Code) [REDACTED]		

Current Status

1. Have you previously applied to take the Michigan master plumber examination?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2. Have you been licensed as a journey plumber in Michigan?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Journey Plumber License No. 82- _____		
3. Are you licensed as a master plumber in another state or country?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Master Plumber License No. <i>3155#12345</i> State/Country <i>MI</i>		

Examination Preference

Examinations are conducted in March, June, September and December of each year. Please indicate a preference of examination date. If approved for examination, an admission card will be mailed to you approximately 10 days prior to the examination date. If the examination date you have selected is full, you will be scheduled for the next available examination.

Preferred Date No Preference - Next Available Examination

March

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.

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

Background Information

Have you been convicted of a felony or misdemeanor? Yes No

If yes, complete the Conviction History section below. Failure to accurately respond to this question will result in you forfeiting any rights of consideration for examination and issuance of a plumber's license in the state of Michigan.

Conviction History

In accordance with the Former Offenders Act, 1974 PA 381, this is to provide you with an opportunity to explain your affirmative response to the question above which asked if you had been convicted of a felony or misdemeanor.

If you are unsure of exact details, respond to the best of your knowledge. The information requested on this form is required under 2002 PA 733 and will be used to process your application. Attach additional sheet(s) if necessary.

YOUR NAME WHEN CONVICTED	
INDICATE CONVICTION(S) FOR WHICH YOU WERE CHARGED	
DATE(S) OF CONVICTION(S) AND SENTENCE(S)	
NAME AND ADDRESS OF SENTENCING COURT(S)	
CHECK YES OR NO TO THE FOLLOWING	
1. Are you a current inmate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2. Are you currently on probation / parole? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, provide the name, address and telephone number of the correctional facility, probation officer or parole officer.	
RELEASE DATE FROM CUSTODY, PROBATION OR PAROLE	
REHABILITATION PROGRAMS ENROLLED IN OR COMPLETED	

Conviction History Certification and Signature (To be signed only if Conviction History section above is completed)

I hereby certify the statements and facts provided are true and accurate to the best of my knowledge. By signing this form, I give my permission to allow the Bureau of Construction Codes to contact appropriate agencies regarding my record of conviction(s).

SIGNATURE OF APPLICANT	DATE
------------------------	------

Employment Information - This section is to be completed by the master plumber supervising the applicant

NAME OF EMPLOYER			NAME OF MASTER PLUMBER		
BUSINESS ADDRESS			DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR)		
CITY	STATE	ZIP CODE	From:	To:	
			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time No. Hours/Week _____		
TYPE OF WORK PERFORMED					
<input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
DESCRIPTION OF WORK					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as a journey plumber installing plumbing. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, _____		
SIGNATURE OF MASTER PLUMBER			this _____ day of _____		
LICENSE NUMBER			a Notary Public in and for _____ County, Michigan.		
			Signature of Notary Public _____		
			My Commission expires: _____		

Previous Employer - This section is to be completed by the master plumber who supervised the applicant

NAME OF EMPLOYER			NAME OF MASTER PLUMBER		
BUSINESS ADDRESS			DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR)		
CITY	STATE	ZIP CODE	From:	To:	
			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time No. Hours/Week _____		
TYPE OF WORK PERFORMED					
<input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Maintenance <input checked="" type="checkbox"/> Repair					
DESCRIPTION OF WORK					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as a journey plumber installing plumbing. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, _____		
SIGNATURE OF MASTER PLUMBER			this _____ day of _____		
LICENSE NUMBER			a Notary Public in and for _____ County, Michigan.		
			Signature of Notary Public _____		
			My Commission expires: _____		

Certification and Signature (Must be signed by all applicants)

I certify the information provided is true and accurate to the best of my ability and that I have the experience required for this examination. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.	
SIGNATURE OF APPLICANT	DATE



Department of Commerce

Division of Industrial Compliance
Ohio Construction Industry
Licensing Board O.C.I.L.B.

John R. Kasich, Governor
Andre T. Porter, Director

CURTIS D GRIFFIN



John R. Kasich Governor	Plumbing CONTRACTOR'S LICENSE	Andre T. Porter Director
Ohio License # 47362		Expiration Date: 03/20/2015
CURTIS D GRIFFIN D MALONE PLUMBING		
PROPRIETOR		
<i>Carol Ross</i> Carol A. Ross Board Secretary		<i>Frank S. Alexander</i> Frank S. Alexander Administrative Chairperson

This is YOUR license. Plan Approvals obtained with YOUR license and posting of YOUR license indicates that YOU and YOUR liability insurance are assuming all responsibility for any projects performed under this license.

John R. Kasich Governor	Andre T. Porter Director
Plumbing CONTRACTOR'S LICENSE CURTIS D GRIFFIN D MALONE PLUMBING PROPRIETOR	
Ohio License# 47362 Expiration Date: March 20, 2015	
<i>Carol Ross</i> Carol A. Ross Board Secretary	<i>Frank S. Alexander</i> Frank S. Alexander Administrative Chairperson

LICENSE MUST BE POSTED ON JOB SITE

LICENSE MUST BE POSTED ON JOB SITE

OHIO PLUMBING CONTRACTOR EXAMINATION

The practice, materials and fixtures utilized in the installation, maintenance, extension and alteration of all piping, fixtures, plumbing appliances and plumbing appurtenances, within or adjacent to any structure, in connection with sanitary drainage or storm drainage facilities; venting systems; and public or private water supply systems.

# of Questions	% Required to Pass	Time Allowed
100	70	4 Hours

CONTENT OUTLINE

Subject Area	# of Items
General Knowledge	8
General Regulations	20
Plumbing Fixtures	6
Water Supply Systems	10
Drainage, Waste, and Sanitary Vents	24
Indirect Wastes	4
Roof Drain Piping	3
Specialty Plumbing	5
Isometric Analysis	20

REFERENCE LIST

The reference material listed below was used to prepare the questions for this examination. The examination may also contain questions based on trade knowledge or general industry practices. **Except for Code books**, you can base your answers on later editions of references as they become available. For Code questions, the examinations will be based only on the edition of the Code book that is listed.

Candidates may use a silent, nonprinting, non-programmable calculator in the examination center. This examination is OPEN BOOK.

The following reference material is allowed in the examination center:



WWW.PSIXAMS.COM

CONTRACTOR'S BUSINESS AND LAW EXAMINATION

All contractor license classifications must take the Business and Law exam in addition to any required trade-specific exam.

# of Questions	% Required to Pass	Time Allowed
50	70%	2 Hours

CONTENT OUTLINE

Subject Area	# of Items
Business Org	2
Licensing	3
Estimating and Bidding	6
Contract Management	5
Project Management	6
Insurance and Bonding	5
OSHA	5
Personnel Regulations	5
Financial Management	6
Tax Laws	5
Lien Laws	2

REFERENCE LIST

The reference material listed below was used to prepare the questions for this examination. The examination may also contain questions based on trade knowledge or general industry practices. **Except for Code books**, you can base your answers on later editions of references as they become available. For Code questions, the examinations will be based only on the edition of the Code book that is listed.

Candidates may use a silent, nonprinting, non-programmable calculator in the examination center.



WWW.PSIXAMS.COM



Department of Commerce

Division of Industrial Compliance & Labor

Ted Strickland, Governor
Kimberly A. Zurz, Director

LICENSE QUALIFICATION PROCESS

The Ohio Construction Industry Licensing Board (O.C.I.L.B.), Department of Commerce, Division of Industrial Compliance, issues state commercial licenses to the following contractors: electrical, HVAC, hydronics, plumbing, and refrigeration. To receive a state license, an applicant must meet the following requirements: 1) be at least 18 years of age; 2) be a United States citizen or a legal alien-must provide proof of being a legal alien; 3) either have been a tradesperson in the type of licensed trade for which the application is filed for not less than five years immediately prior to the date the application is filed, currently be a registered engineer in this state with three years of business experience in the construction industry in the trade for which the engineer is applying to take the examination, or have other experience acceptable to the appropriate section of the board; 4) not have been convicted of or plead guilty to a misdemeanor involving moral turpitude or of any felony; 5) pass the examination in the trade; 6) carry minimum \$500,000 contractor liability coverage; 7) pay the applicable fees.

TO QUALIFY TO SIT FOR THE EXAMINATION

Complete the attached exam application. Item nine (9) on the exam application: **Dates of employment must have start and end month, day and year to verify five (5) years working experience in that trade with no breaks in that five year history immediately prior to completing the application.** Be specific in nature of duties. Attach **copies** of documentation that would support your credentials such as: any local licenses or registrations, permits obtained, union card, pay stubs, W-2's, signed contracts, invoices, and letters of recommendation or verification of employment on company letterhead. You will need to have the application notarized. **Incomplete applications will delay the process. PLEASE REMOVE (cross out) SOCIAL SECURITY NUMBER FROM ALL DOCUMENTATION!**

Mail the completed O.C.I.L.B. examination application/Homeland Security declaration page along with a \$25 nonrefundable check or money order made payable to "Treasurer, State of Ohio" to the following address:

**OHIO DEPARTMENT OF COMMERCE
OHIO CONSTRUCTION INDUSTRY LICENSING BOARD (OCILB)
6606 TUSSING ROAD, P.O. BOX 4009
REYNOLDSBURG, OH 43068-9009**

The application will be reviewed by the Board to determine eligibility to sit for the examination. The applicant will be notified by mail of the results of the Board's review. **BE ADVISED, ONCE YOU HAVE BEEN APPROVED BY THE BOARD, YOU ARE REQUIRED TO OBTAIN A BCI BACKGROUND CHECK PRIOR TO SITTING FOR THE EXAMINATION.** Approval is good for one year.

Approved applicants will be provided with a Candidate Information Bulletin which contains detailed instructions on how to schedule to take the exam. All licensure exams are computer based testing by appointment at sites throughout Ohio & the U.S. Individuals who take the examination will receive a notice advising them of their examination pass/fail status at the completion of their exam. Those who pass both sections of the examination can receive a state license by sending the following information to O.C.I.L.B: **1) a copy of the examination results, 2) a \$25 check made payable to "Treasurer, State of Ohio", and 3) proof of \$500,000 minimum contractor liability insurance (with the actual policy number listed), and 4) Declaration Regarding Material Assistance Form (DMA).** Submit the required information to the Ohio Construction Industry Licensing Board (OCILB), 6606 Tussing Road, P.O. Box 4009, Reynoldsburg, OH 43068-9009.

EXAMINATION REFERENCE BOOKS MAY BE PURCHASED FROM THE FOLLOWING BOOKSTORES:

Builders Book Depot
Phoenix, AZ 85034
800-284-3434
www.buildersbookdepot.com

Thomson
Cleveland, OH
800-362-4500

**MICHIGAN STATE PLUMBING BOARD
BUREAU OF CONSTRUCTION CODES**
2501 Woodlake Circle
Okemos, Michigan 48864

**Appeal Docket No.
CCC-PLBG-14-001**

Petitioner, Mr. Tom Derocher, Derocher Construction

vs

Respondent, Michigan Department of Licensing and Regulatory Affairs, Bureau of Construction Codes

NOTICE OF HEARING

Date: June 3, 2014
Time: 10:00 a.m. Eastern Standard Time
Location: 2501 Woodlake Circle, Conference Room #3, Okemos, Michigan

Pursuant to the authority contained in Section 16 of 1972 PA 230, the Stille-DeRossett-Hale Single State Construction Code Act (MCLA 125.1516).

A Hearing will be held in response to the request of Mr. Tom Derocher, Derocher Construction, 3118 E. Hill Rd, Grand Blanc, Michigan 48439 for Al Serra Chevrolet, 6167 S. Saginaw Rd., Grand Blanc, Michigan 48439 to appeal for relief from the requirements of Section 410.1 of the 2009 edition of the Michigan Plumbing Code.

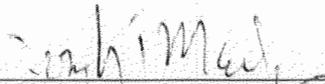
Section 410.1 of the Michigan Plumbing Code states in part, "where drinking fountains are required, water coolers or bottled water dispensers shall be permitted to be substituted for not more than 50 percent of the required drinking fountains."

The applicant or representative will be given the opportunity to address the board's questions and concerns regarding the code relief being sought by the applicant.

Exhibits:

Exhibit A Copy of the application received from Mr. Derocher dated September 23, 2013.

MICHIGAN STATE PLUMBING BOARD



Joseph T. Madziar, Chief of Plumbing Division

4/6/2014

Date

PROOF OF SERVICE

I hereby state, to the best of my knowledge, information, and belief, that a copy of the foregoing document was served on this date upon all parties and/or attorneys of record in this matter by email to those parties employed by the State of Michigan and by first class mail to the remaining parties at their respective addresses as disclosed below.

Sara Leiby

Sara Leiby, Secretary
Plumbing Division
Bureau of Construction Codes

3/7/2014

Date

Mr. Tom Derocher
Derocher Construction
3118 E. Hill Rd.
Grand Blanc, MI 48439

Mr. Joe Serra
Serra Automotive Group
3118 E. Hill Rd.
Grand Blanc, MI 48439

Todd Cordill, Chief Plan Review Division
Bureau of Construction Codes

Members of the State Plumbing Board



RICK SNYDER
GOVERNOR

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

STEVE ARWOOD
DIRECTOR

March 6, 2014

Mr. Tom Derocher
Derocher Construction
3118 E. Hill Rd.
Grand Blanc, MI 48439

Dear Mr. Derocher:

Per the request of the owner, Mr. Joseph Serra, the Plumbing Division is rescheduling consideration of your appeal for relief of the requirements of Section 410.1 of the Michigan Plumbing Code for Al Serra Chevrolet to the next State Plumbing Board meeting on June 3, 2014. A map and a Notice of Hearing are enclosed for your convenience.

Please be prepared to address the board's concerns and provide any information which will aid in their decision. Additionally, please respond to the following inquiries in writing to my office to further aid the board in this matter:

1. What is the status of construction?
2. Provide a copy of the water analysis for the building.

If you have any further questions prior to the meeting, please contact me at (517) 241-9330.

Sincerely,

A handwritten signature in black ink that reads "Joseph T. Madziar".

Joseph T. Madziar, Chief
Plumbing Division

JTM/sjl

Cc: Mr. Joseph Serra
Enclosures

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

February 20, 2014

Mr. Joseph T. Madziar
Chief of Plumbing Division
Michigan State Plumbing Board
Bureau of Construction Codes
2501 Woodlake Circle
Okemos, MI 48864

RE: Appeal Docket No. CCC-PLBG-14-001

Dear Mr. Madziar,

Due to a scheduling conflict that I am unable to cancel, I want to apologize for having to reschedule the hearing requested by Tom Derocher, Derocher Construction, on February 25th, 2014 to appeal for relief from the requirement of Section 410.1 of the 2009 edition of the Michigan Plumbing Code.

I very much appreciate your effort to reschedule this hearing to June 3rd, 2014.

Thank you for your understanding and assistance.

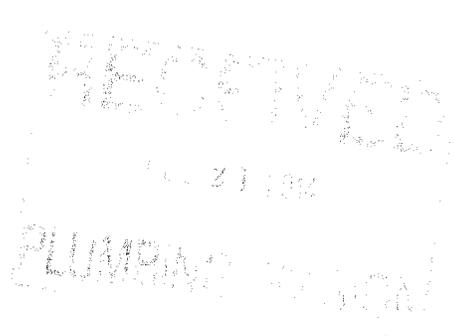
Kindest Regards,



Joseph Serra

JOS/lmw

c: Tom Derocher



**MICHIGAN STATE PLUMBING BOARD
BUREAU OF CONSTRUCTION CODES**
2501 Woodlake Circle
Okemos, Michigan 48864

**Appeal Docket No.
CCC-PLBG-14-001**

Petitioner, Mr. Tom Derocher, Derocher Construction

vs

Respondent, Michigan Department of Licensing and Regulatory Affairs, Bureau of Construction Codes

NOTICE OF HEARING

Date: February 25, 2014
Time: 10:00 a.m. Eastern Standard Time
Location: 2501 Woodlake Circle, Conference Room #3, Okemos, Michigan

Pursuant to the authority contained in Section 16 of 1972 PA 230, the Stille-DeRossett-Hale Single State Construction Code Act (MCLA 125.1516).

A Hearing will be held in response to the request of Mr. Tom Derocher, Derocher Construction, 3118 E. Hill Rd, Grand Blanc, Michigan 48439 for Al Serra Chevrolet, 6167 S. Saginaw Rd., Grand Blanc, Michigan 48439 to appeal for relief from the requirements of Section 410.1 of the 2009 edition of the Michigan Plumbing Code.

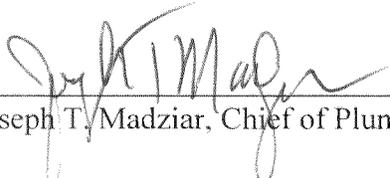
Section 410.1 of the Michigan Plumbing Code states in part, "where drinking fountains are required, water coolers or bottled water dispensers shall be permitted to be substituted for not more than 50 percent of the required drinking fountains."

The applicant or representative will be given the opportunity to address the board's questions and concerns regarding the code relief being sought by the applicant.

Exhibits:

Exhibit A Copy of the application received from Mr. Derocher dated September 23, 2013.

MICHIGAN STATE PLUMBING BOARD



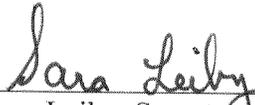
Joseph T. Madziar, Chief of Plumbing Division

1-31-2014

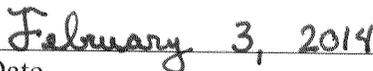
Date

PROOF OF SERVICE

I hereby state, to the best of my knowledge, information, and belief, that a copy of the foregoing document was served on this date upon all parties and/or attorneys of record in this matter by email to those parties employed by the State of Michigan and by first class mail to the remaining parties at their respective addresses as disclosed below.



Sara Leiby, Secretary
Plumbing Division
Bureau of Construction Codes



Date

Mr. Tom Derocher
Derocher Construction
3118 E. Hill Rd.
Grand Blanc, MI 48439

Mr. Joe Serra
Serra Automotive Group
3118 E. Hill Rd.
Grand Blanc, MI 48439

Todd Cordill, Chief Plan Review Division
Bureau of Construction Codes

Members of the State Plumbing Board



RICK SNYDER
GOVERNOR

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

STEVE ARWOOD
DIRECTOR

January 31, 2014

Mr. Tom Derocher
Derocher Construction
3118 E. Hill Rd.
Grand Blanc, MI 48439

Dear Mr. Derocher:

Attached is a Notice of Hearing regarding an appeal from the requirements of Section 410.1 of the Michigan Plumbing Code for Al Serra Chevrolet, 6167 S. Saginaw Rd., Grand Blanc, Michigan 48439, CCC-PLBG-14-001.

This hearing is in response to your request to appeal for relief from the requirements of the above referenced code section which requires drinking fountains for building occupants.

Please be prepared to address the board's concerns and provide any information which will aid in their decision. Additionally, please respond to the following inquiries in writing to my office to further aid the board in this matter:

1. What is the status of construction?
2. Provide a copy of the water analysis for the building.

If you have any further questions prior to the meeting, please contact me at (517) 241-9330.

Sincerely,

Joseph T. Madziar, Chief
Plumbing Division

JTM/sjl

Attachment

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

RECEIVED
 09-23-13
 PLUMBING DIVISION

Application for Construction Code Appeal
 Michigan Department of Licensing and Regulatory Affairs
 Bureau of Construction Codes
 P.O. Box 30255, Lansing, MI 48909
 517-241-9328
 www.michigan.gov/bcc

Agency Use Only
 BCC-PLB6-14-001
 1500 9/20/13

Application Fee: \$500.00

Authority: 1972 PA 230
 Completion: Voluntary
 Penalty: Appeal will not be heard

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

Note: The applicant is responsible for all fees applicable to this application.

FACILITY INFORMATION				
FACILITY NAME Al Serra Chevrolet		ADDRESS 6167 S. Saginaw Rd		
NAME OF CITY, VILLAGE OR TOWNSHIP IN WHICH FACILITY IS LOCATED <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Township of: Grand Blanc				COUNTY Genesee
BUILDING DATA				
GROSS FLOOR AREA <input type="checkbox"/> New Building <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Alteration 7816 <input type="checkbox"/> Repair				
CLASSIFICATION PER BUILDING CODE Building Use B/S-1 Construction Type IIIB No. of Occupants 232 Area/Floor 38548 No. of Floors 1				
PERMIT HOLDER				
NAME (Company or Individual) Derocher Construction		CONTACT PERSON Tom Derocher		TELEPHONE NUMBER (Include Area Code) (810) 695-9838
ADDRESS 3118 E. Hill Rd	CITY Grand Blanc	STATE MI	ZIP CODE 48439	FAX NUMBER (Include Area Code) (810) 694-5411
BUILDING OWNER				
NAME (Company or Individual) Serra Automotive Group		CONTACT PERSON Joe Serra		TELEPHONE NUMBER (Include Area Code) (810) 694-1720
ADDRESS 3118 E. Hill Rd	CITY Grand Blanc	STATE MI	ZIP CODE 48439	FAX NUMBER (Include Area Code)
BUILDING PERMIT AUTHORITY				
ENFORCING AGENCY Grand Blanc Township		BUILDING OFFICIAL NAME Ted Sczepanski		TELEPHONE NUMBER (Include Area Code) (810) 424-2792
ADDRESS 5371 S. Saginaw St.	CITY Grand Blanc	STATE MI	ZIP CODE 48439	FAX NUMBER (Include Area Code) (810) 424-2783
SUMMARY OF APPEAL				
CODE UNDER WHICH APPEAL IS SOUGHT <input type="checkbox"/> Building (141) <input type="checkbox"/> Electrical (116) <input type="checkbox"/> Mechanical (131) <input checked="" type="checkbox"/> Plumbing (99)				
CODE SECTION(S) MPC 2009 Section 410.1		Provide copies of the following as appropriate (see instructions for number of copies):		
DESIRED RELIEF (State Briefly) Building owner would like to provide bottled water dispensers for 100% of required drinking fountains		<input checked="" type="checkbox"/> Statement of Facts and Reasoning		
BASIS OF APPEAL (State Briefly) Existing building is on a well. The water from this well is very hard and has a high iron content. The water has an unappealing and unpleasant taste.		<input type="checkbox"/> Copy of Enforcing Agency Determination		
		<input type="checkbox"/> Supporting Material		
		<input type="checkbox"/> Copy of Decision of Local Board of Appeals		
		<input type="checkbox"/> Transcript of Local Board of Appeals Hearing		
APPLICANT (Note: All correspondence will be sent to this address)				
NAME OF COMPANY Derocher Construction			APPLICANT NAME Tom Derocher	
ADDRESS 3118 E. Hill Rd	CITY Grand Blanc	STATE MI	ZIP CODE 48439	TELEPHONE NUMBER (Include Area Code) (810) 695-9838
APPLICANT SIGNATURE (Must be an original signature) 		DATE 9/23/13	FAX NUMBER (Include Area Code) (810) 694-5411	