

**Application for Electrical Apprentice or Fire Alarm Specialty Technician Apprentice**

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Michigan Department of Licensing and Regulatory Affairs  
 Bureau of Construction Codes / Licensing Division  
 P.O. Box 30255, Lansing, MI 48909  
 517-241-9316  
 www.michigan.gov/bcc

Agency Use Only

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Authority: 2016 PA 407 Penalty: Failure to provide the information may result in denial of your request.	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
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**Note: A veteran providing satisfactory proof of separation from the armed forces of the United States under "honorable" or "general under honorable conditions" is exempt from the initial license fee. For consideration, please attach a copy of either a DD-214, and/or DD-215 to your application.**

**General Instructions:**

- Apply and pay online at <https://aca3.accela.com/lara>

Or

- Mail completed application, required documents, and \$15.00 license fee to the address listed above.  Veteran exemption.

Please Check One: <input type="checkbox"/> <b>Electrical Apprentice</b> <input type="checkbox"/> <b>Fire Alarm Specialty Technician Apprentice</b>
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**Applicant Information**

NAME (Last Name, First Name, Middle Initial)			SOCIAL SECURITY NUMBER	
ADDRESS		CITY		TOWNSHIP
COUNTY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)	
E-MAIL ADDRESS				

**Sponsoring Employer Information** - Locally licensed contractors must provide a copy of current license with this application

SPONSORING EMPLOYER		CONTRACTOR'S LICENSE NUMBER	
HIRE DATE OF APPLICANT		MASTER(62)/ SPECIALITY TECH(52) LICENSE NUMBER	

**Certification and Signature of Sponsoring Employer**

<p><b>Electrical Apprentice:</b> For an electrical apprentice, the sponsoring employer's signature must be either the contractor of record or qualifying master.</p> <p><b>Fire Alarm Specialty Technician Apprentice:</b> For a fire alarm specialty technician apprentice, the sponsoring employer's signature must be either the contractor of record or qualifying fire alarm specialty technician.</p>
I certify the information is true and accurate to the best of my knowledge.
PRINTED NAME OF SPONSORING EMPLOYER
SIGNATURE OF SPONSORING EMPLOYER

**Certification and Signature of Approved Related Technical Instruction Provider**

I certify that \_\_\_\_\_ is currently participating in an electrical or fire alarm  
(Printed Name of Applicant)  
training program approved by the Electrical Administrative Board.

RELATED TECHNICAL INSTRUCTION PROVIDER (e.g. college, trade, labor organization etc.)		PHONE NUMBER
PRINTED NAME OF AUTHORIZED REPRESENTATIVE	SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE

I understand that I am responsible for maintaining a chronological record of my employment as an electrical apprentice or fire alarm specialty technician apprentice and that I must submit proof of my employment when requested by the licensing authority.

**Certification and Signature of Applicant**

I certify the information provided is true and accurate to the best of my ability. I further understand fraud or deceit in obtaining registration is grounds for administrative action in accordance with the act.

APPLICANT'S SIGNATURE	DATE
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