

Application for Elevator Licensing Examination
 Michigan Department of Licensing and Regulatory Affairs
 Bureau of Construction Codes / Licensing Section
 P.O. Box 30255, Lansing, MI 48909
 517-241-9316 LARA-BCC-Licensing@Michigan.gov

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Authority: 1967 PA 227 and 1976 PA 333 Penalty: Failure to provide the information may result in denial of your request.	LARA is an equal opportunity employer/program. Requests for accommodations should be directed to PSI when scheduling your examination.
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All fees must be submitted with this application. Examination fees are to be paid to PSI when scheduling your examination. Make check/money order payable to the State of Michigan and mail to the address above.

Elevator Journeyperson \$41.20

Elevator Contractor \$103.00

Certificate of Competency \$51.50

APPLICANT INFORMATION

LEGAL NAME (MUST MATCH DRIVER'S LICENSE)		SOCIAL SECURITY NUMBER
ADDRESS		TELEPHONE NUMBER (Include Area Code)
CITY	STATE	ZIP CODE
EMAIL ADDRESS		

JOURNEYPEPERSON LICENSE EXAMINATION REQUIREMENTS

- Applicant must have three (3) years of continuous experience in the class(s) of elevator work in which he/she desires to be licensed.
- A degree in electrical or mechanical engineering may be substituted for one (1) year of experience. A copy of your engineering degree **MUST** be submitted with this application to be considered toward experience.
- **ATTACH A DETAILED RESUME OUTLINING YOUR SPECIFIC WORK EXPERIENCE. THE SECOND PAGE OF THIS APPLICATION DOES NOT COUNT AS A DETAILED RESUME.**

By checking this box you certify you meet the experience requirements of the Act.
Choose the appropriate classification applying for: A B C - Device Type _____

CERTIFICATE OF COMPETENCY EXAMINATION REQUIREMENTS

- General Inspector applicants must have three (3) years of experience in elevator construction. Special Inspector applicants must have three (3) years of experience in designing, installing, maintaining or inspecting elevators.
- Provide a letter from one or more previous employers certifying your character and experience in the elevator industry.

Choose the appropriate classification applying for:
 General Inspector Special Inspector Journeyperson License # _____

ELEVATOR CONTRACTOR LICENSE EXAMINATION REQUIREMENTS

ATTACH A DETAILED RESUME OUTLINING YOUR SPECIFIC WORK EXPERIENCE. THE SECOND PAGE OF THIS APPLICATION DOES NOT COUNT AS A DETAILED RESUME.

A sworn affidavit must be completed certifying the applicant has at least five (5) years' experience as an elevator constructor or journeyman or equivalent.

By checking this box you certify you meet the experience requirements of the Act.
Choose the appropriate classification applying for: A B C - Device Type _____

Journeyperson License # _____

CERTIFICATION

I hereby certify that the statements in this application are true and correct. I have not withheld information which might affect decisions to be made on this application. I am aware that a false statement or dishonest answer may be grounds for denial of my application.
SIGNATURE OF APPLICANT
DATE

For Office Use Only: Validation

JOB DUTIES

1. NEW CONSTRUCTION		
Date(s) Applicant Held This Position _____	Number of Months/Years _____	% of Time Devoted _____
Description of Duties Performed and Equipment Worked On:		
2. MAINTENANCE		
Date(s) Applicant Held This Position _____	Number of Months/Years _____	% of Time Devoted _____
Description of Duties Performed and Equipment Worked On:		
3. MAJOR ALTERATIONS		
Date(s) Applicant Held This Position _____	Number of Months/Years _____	% of Time Devoted _____
Description of Duties Performed and Equipment Worked On:		
4. REPAIRING		
Date(s) Applicant Held This Position _____	Number of Months/Years _____	% of Time Devoted _____
Description of Duties Performed and Equipment Worked On:		
5. ADJUSTING		
Date(s) Applicant Held This Position _____	Number of Months/Years _____	% of Time Devoted _____
Description of Duties Performed and Equipment Worked On:		
6. TESTING		
Date(s) Applicant Held This Position _____	Number of Months/Years _____	% of Time Devoted _____
Description of Duties Performed and Equipment Worked On:		

SWORN AFFIDAVIT – REQUIRED FOR ELEVATOR CONTRACTOR LICENSE EXAMINATIONS

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