

Instructions for becoming Act 144 Certified

Enclosed you will find an application for certification of a fire alarm and/or fire suppression firm and a qualifying person affidavit of a fire alarm and/or fire suppression firm. The following are instructions as to how to complete these forms, as well as, what documentation must accompany each application.

Application for Certification Fire Alarm and/or Fire Suppression Firm

This application requires information regarding the firm that is requesting fire alarm and/or fire suppression certification. The first section requests information relating to the firm including whether the firm is licensed under 1984 PA 192 and/or 1956 PA 217. The second section requests, for each qualifying person, the full name, signature and codes/categories for which each person is qualified. The third section must be signed by the chief operating officer/branch officer. The last section must be notarized by a notary public indicating that the information listed is accurate.

This form must be accompanied by a qualifying person affidavit for each qualifying person, along with supporting documentation, and a separate \$150.00 fee for each certification (i.e., Fire Alarm or Fire Suppression).

Qualifying Person Affidavit Fire Alarm and/or Fire Suppression Firm

Each certified firm must have at least one qualifying person. To become a qualifying person, an individual must demonstrate in a technical resume⁽¹⁾ that he or she has the technical qualifications⁽²⁾ for the categories requested.

This affidavit is used to determine if a person has the experience to be considered a qualifying person for a fire alarm and/or fire suppression firm. The first section requests information relating to the individual person, as well as, the name of the firm they will be working for. The second and third sections request information relating to which codes/categories you have met the education/experience requirements for. The fourth section requests the printed name, signature and date of the qualifying person. The last section must be notarized by a notary public indicating the information listed is accurate.

Each completed form must be accompanied by supporting documentation to determine if you meet the education, experience and licensing requirements for each category. The following are examples of supporting documentation:

- Technical Resume (notarized and signed) must be included
- Copies of any Michigan Licenses and Certifications
- Copy of NICET II Certification for fire alarm categories
- Copy of NICET III Certification for fire suppression categories
- Copies of Degrees and Transcripts
- Training Program Certificates and Course Study Outline

⁽¹⁾A technical resume should include dates, locations, systems installed, contact persons and telephone numbers where the work was performed. A technical resume must also include an individual's educational and work experience, including names, addresses and telephone numbers of contact persons. Copies of diplomas, training received (duration and specific course content) and certifications are essential to substantiate claims made on the resume.

⁽²⁾Technical qualification means the knowledge of applicable codes, standards and laws and the practical knowledge of equipment, materials, methods and theory of operation as they relate to fire alarm or fire suppression systems, the combination of which, when applied to a facility under the jurisdiction of the Bureau of Construction Codes & Fire Safety, shall result in a properly operating required fire alarm or fire suppression system which is acceptable to the Bureau of Construction Codes & Fire Safety.

If you have any questions, please contact the Electrical Division at (517) 241-9320 or the Mechanical Division at (517) 241-9325.

Qualifying Person Affidavit
Fire Alarm/Fire Suppression Firm
Michigan Department of Labor & Economic Growth
Bureau of Construction Codes & Fire Safety
Electrical Division / Mechanical Division
P.O. Box 30255
Lansing, MI 48909
517/241-9320 / 517/241-9325

AGENCY USE ONLY

☐ Fire Alarm ☐ Fire Suppression

FIRM NAME (PARENT NAME IF CORPORATION CERTIFICATION DESIRED)			CERTIFICATION NUMBER	
BRANCH NAME (IF APPLICABLE)			CERTIFICATION NUMBER	
QUALIFYING PERSON'S NAME			TELEPHONE NUMBER	
MAILING ADDRESS (STREET)	CITY	COUNTY	STATE	ZIP CODE

CODES/CATEGORIES FOR WHICH YOU ARE QUALIFIED		EDUCATION/EXPERIENCE REQUIREMENTS MET									
<small>PUT AN "X" IN FRONT OF EACH CATEGORY FOR WHICH YOU ARE QUALIFIED</small>		<small>INDICATE WITH AN "X" THE EDUCATION/EXPERIENCE REQUIREMENTS YOU HAVE MET FOR EACH CATEGORY CHECKED. SEE CODES BELOW*</small>									
		1	2	3	4	5	6	7	8	9	
	A. Design fire alarm system										
	B. Install fire alarm system										
	C. Design fire suppression system										
	D. Install fire suppression system										
	E. Other (explain)										

EDUCATION/EXPERIENCE CODES*

1. I am an architect licensed under the provisions of 1980 PA 299 (MCL 339.101 et seq.) with 12 months of approved experience within the last 5 years, in the category for which certification is requested.
2. I have a baccalaureate degree in an approved field of engineering, with 12 months of approved experience within the last 5 years, in the category for which certification is requested.
3. I am a graduate of an approved 4-year apprentice training program, with 12 months of approved experience within the last 5 years, in the category for which certification is requested.
4. I am a graduate of an approved training course by equipment manufacturer, with 12 months of approved experience within the last 5 years, in the category for which certification is requested. Course Name: _____ (include copy of certificate)
5. I am a holder of an electrical contractor or fire alarm contractor license, with 12 months of approved experience within the last 5 years, installing or servicing fire alarm systems in the category for which certification is requested. License Number: _____
6. I have 60 months of approved experience, 75% of which was accrued in the last 5 years.
7. I am certified by an approved engineering technician program.
8. I have other combinations of education and experience (attach details).
9. I am a holder of a mechanical contractor license. License Number: _____

AFFIDAVIT OF QUALIFYING PERSON

I hereby certify I am qualified for the categories indicated above and have the education and experience indicated.

NAME OF QUALIFYING PERSON (PRINT OR TYPE)	SIGNATURE	DATE
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Attach signed and notarized technical qualifications resume and submit to the address listed.

NOTARY PUBLIC	
Subscribed and sworn before me, this _____ day of _____, _____, a Notary Public in and for _____ County, Michigan.	
_____ (Signature of Notary Public) My Commission expires: _____, _____.	

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.