

Certificate of Competency Information
(General/Special Elevator Inspector)

Certification

All elevator inspectors must be certified competent by the Elevator Safety Board of the Michigan Department of Licensing and Regulatory Affairs. There are 2 types of elevator inspectors: general elevator inspectors who are employed by the State and special elevator inspectors who are employed by insurance companies or municipalities. In addition to being certified, special elevator inspectors must also be commissioned by the Department.

Duration of License

General certificate of competencies are permanent.

Initial commissions for special elevator inspectors are valid for one year. These commissions must be renewed annually.

Examination

Applicants for certification must pass a two-part examination, consisting of a written portion with multiple-choice questions and an oral portion. A score of 70% is required to pass. The examination is given at the regularly scheduled elevator safety board meetings.

Applicants may prepare for the examination by studying the ASME A17.1-2007, Safety Code for Elevators and Escalators; ASME A18.1-2008, Safety Standard for Platform Lifts and Stairway Chairlifts; the [Michigan Elevator Laws and Rules](#); [1967 PA 227](#); [1976 PA 333](#); the current Michigan Electrical Code, NFPA 70; ASME A90.1-2003, Safety Standards for Belt Manlifts; and the ANSI A10.4-2007, Safety Requirements for Personnel Hoists.

Requirements & Regulations

Applicants for certification must:

General elevator inspectors

1. Have 3 years of experience in elevator construction.
2. Provide a written reference from one or more previous employers certifying your character and experience in the elevator industry.
3. Pass the written and oral examination.

Special elevator inspectors

1. Have 3 years of experience in designing, installing, maintaining, or inspecting elevators.
2. Provide a written reference from one or more previous employers certifying your character and experience in the elevator industry.
3. Pass the written and oral examination.

Reciprocity

None.

Licensing Authority

Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes
Elevator Safety Division
Elevator Safety Board
P.O. Box 30255
Lansing, MI 48909

Fees

Examination and certificate
of competency fee: \$50.00 (nonrefundable)
Initial commission fee: \$50.00 (special inspectors only)
Renewal commission fee: \$50.00 (special inspectors only)

Governing Michigan Statute(s)
[1967 PA 227](#)

Internet Address
www.michigan.gov/bcc

Elevator Examination Applicants
Marginal Markings

The Elevator Safety Division has received several inquiries into the possibility of allowing some type of marginal marks to be allowed in the National Standards used during open book tests for Elevator Journeyperson, Elevator Contractor, and Certificate of Competency examinations. Our research has shown that the Michigan Building Code does in fact have these types of markings printed in the document.

After review and consideration, the Elevator Safety Division has decided to approve only specific marginal markings within the standards used for testing. These marginal markings shall meet the following requirements and shall apply to all code books brought to the examination site.

- **All margin marks shall be in black ink.**
- **An asterisk in the margin shall be used to identify sections of the National Standard not adopted by the State of Michigan.** The asterisk shall be placed in the margin adjacent to the referenced code section, approximately across from the referenced section number.
- **Double vertical lines in the margin shall be used to denote amendments and additions to the standards** which have been promulgated by the State of Michigan, Department of Licensing and Regulatory Affairs. These double vertical lines shall be in the margin adjacent to the code section. The parallel lines shall start approximately at the top of the referenced code section and shall extend to the bottom of the section and shall be approximately 1/16 inch apart. **Also permitted at the beginning of the amended section is the Michigan Rule number which amends it, for example Rule1 or M1.**

Marginal marks not meeting the specific requirements above shall be considered a violation of the examination rules.

Code books will be checked before and after each examination session to ensure the integrity of the examination is not compromised. Code books may contain index tabs numbered 1 thru 10 corresponding to the referenced code section. No other markings will be permitted within the code book. This includes highlighting, underlining or text aids. Margin notes or other notations will not be permitted in code books during the examination process. Any violations of the examination site rules will result in the surrendering of the examination and the applicant will be asked to leave the examination site. The examination will not be graded and the applicant will have been considered as failing the examination.

Please keep in mind that elevator examinations will be comprised of questions from many different code books. This may result in a need to bring more than one code book to the examination. The requirements stated above pertain to all code books brought to the examination site.

Application for Elevator Certificate of Competency Examination
 Michigan Department of Licensing and Regulatory Affairs
 Bureau of Construction Codes
 Elevator Safety Division
 P.O. Box 30255
 Lansing, MI 48909
 517-241-9337
 www.michigan.gov/bcc

OFFICE USE ONLY

DIVISION ACTION	DATE
<input type="checkbox"/> SUBMITTED TO BOARD	INITIALS
<input type="checkbox"/> REJECTED	DATE
BOARD ACTION	DATE
<input type="checkbox"/> APPROVED	
<input type="checkbox"/> REJECTED	

EXAMINATION FEE: \$50.00 (nonrefundable)

Authority: 1967 PA 227 Completion: Mandatory As Required By Section 12 Penalty: Examination Will Not Be Given	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
---	--

IMPORTANT - READ CAREFULLY

- This application must be on file in the office of the Elevator Safety Division, Department of Licensing and Regulatory Affairs, Bureau of Construction Codes, P.O. Box 30255, Lansing, Michigan, 48909, on or before the twentieth day proceeding the date of the examination.
- Examinations will be held at location and on dates designated by the Elevator Safety Board in accordance with 1967 PA 227.
- General inspector applicants must have 3 years of experience in elevator construction. Special inspector applicants must have 3 years of experience in designing, installing, maintaining or inspecting elevators.
- Applicant shall record his/her formal education and names of his/her previous employers, date of employment and type of work performed.
- Provide a written reference from one or more previous employers certifying the applicant's character and experience.
- Examination applications not properly completed will be rejected.
- The examination fee must accompany this application. Make check or money order payable to the **State of Michigan**.
- Mail completed examination application and fee to above address.

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION? No Yes

APPLICANT INFORMATION

TYPE			
<input type="checkbox"/> General		<input type="checkbox"/> Special	
NAME		SOCIAL SECURITY NUMBER*	
ADDRESS		TELEPHONE NUMBER (Include Area Code)	
CITY	STATE	ZIP CODE	
Do you currently hold an elevator contractor license? <input type="checkbox"/> No <input type="checkbox"/> Yes Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C License No. _____			
Do you currently hold an elevator journeyman license? <input type="checkbox"/> No <input type="checkbox"/> Yes Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C License No. _____			

EDUCATION AND TRAINING

CHECK THE HIGHEST GRADE COMPLETED	
<input type="checkbox"/> 6 or Less <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	
DID YOU GRADUATE?	IF YOU HAVE NOT COMPLETED HIGH SCHOOL, HAVE YOU TAKEN THE G.E.D. TEST TO EARN HIGH SCHOOL EQUIVALENCY?
<input type="checkbox"/> Yes, Year _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIGH SCHOOL	
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING)	
SPECIAL TRAINING	

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

EMPLOYMENT HISTORY - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

State definitively your qualifying installation and servicing experience on equipment, similar to that for which license is required. Give names and addresses of firms with whom employed, duties, length of service and dates of employment. Present available documentary evidence to substantiate experience.

NAME OF PRESENT OR LAST EMPLOYER			DATES EMPLOYED (Month / Day / Year)	
			FROM:	TO:
ADDRESS	CITY	STATE		
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.)		YOUR SUPERVISOR'S NAME AND TITLE		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.)				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.)				
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year)	
			FROM:	TO:
ADDRESS	CITY	STATE		
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.)		YOUR SUPERVISOR'S NAME AND TITLE		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.)				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.)				
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year)	
			FROM:	TO:
ADDRESS	CITY	STATE		
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.)		YOUR SUPERVISOR'S NAME AND TITLE		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.)				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.)				

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.

CERTIFICATION AND SIGNATURE

I certify all statements are true to the best of my knowledge.	
SIGNATURE OF APPLICANT	DATE