

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

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. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
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APPLICANT INFORMATION

NAME	SOCIAL SECURITY NUMBER (last 4 digits)	
ADDRESS	TELEPHONE NUMBER (Include Area Code)	
CITY	STATE	ZIP CODE
EMAIL ADDRESS		

Please check the box next to appropriate examination you are applying for:

<input type="checkbox"/> JOURNEYPerson LICENSE EXAMINATION REQUIREMENTS
<ul style="list-style-type: none"> 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. <p>By checking this box you certify you meet the experience requirements of the Act. <input type="checkbox"/></p> <p>Choose the appropriate classification applying for:</p> <p><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C - Device Type _____</p>
<input type="checkbox"/> CERTIFICATE OF COMPETENCY EXAMINATION REQUIREMENTS
<ul style="list-style-type: none"> 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. <p>Choose the appropriate classification applying for:</p> <p><input type="checkbox"/> General Inspector <input type="checkbox"/> Special Inspector Journeyperson License # _____</p>
<input type="checkbox"/> ELEVATOR CONTRACTOR LICENSE EXAMINATION REQUIREMENTS
<ul style="list-style-type: none"> Attach a detailed resume outlining your specific work experience. A sworn affidavit must be completed certifying the applicant has at least five (5) years' experience as an elevator constructor or journeyman or equivalent. <p>By checking this box you certify you meet the experience requirements of the Act. <input type="checkbox"/></p> <p>Choose the appropriate classification applying for:</p> <p><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C - Device Type _____ Journeyperson License # _____</p>

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

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: _____

VALIDATION AREA

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: