



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF CONSTRUCTION CODES
IRVIN J. POKE
DIRECTOR

MIKE ZIMMER
DIRECTOR

STATE PLUMBING BOARD
Conference Room No. 1
2501 Woodlake Circle
Okemos, Michigan 48864

AGENDA

June 9, 2015

10:00 a.m. Eastern Standard Time

1. Call to Order and Determination of Quorum A. D’Ascenzo
2. Approval of Agenda – June 9, 2015 (Pages 1 – 2)
3. Approval of Minutes – March 3, 2015 (Pages 3 – 6)
4. Approval of Examination Minutes – March 4, 2015 and March 18, 2015 (Pages 7 – 12)
 - A. Journey Plumber Examination Results – March 4, 2015
 - B. Master Plumber Examination Results – March 4, 2015
 - C. Plumbing Contractor Examination Results – March 18, 2015
5. Applicants Appearing Before the Board (Pages 13 – 51)
 - A. Brown, Derrick J. Journey Plumber
 - B. Feldt, Kevin R. Journey Plumber
 - C. Bali, John S. Jr. Master Plumber
 - D. DeJusto, Michael A. Master Plumber
 - E. Gerke, James P. Master Plumber
 - F. Hamm, Ronald W. Master Plumber
 - G. Hughes, Robert L. Master Plumber
6. New Products (Pages 52 – 59)
 - A. ArjoHuntleigh, Parker 500 Bathing Unit, BCCP-12-004
 - B. IPS Corporation, Studor Trap Vent, BCCP-15-006
7. Good Moral Character Review (Page 60)
 - A. Springer, Richard A. II. Plumbing Apprentice Registration
8. Chief’s Report J. Madziar

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State Plumbing Board Agenda

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June 9, 2015

9. Legislative Update
10. Unfinished Business
11. New Business
12. Public Comment
13. Next Meeting – July 29, 2015
14. Adjournment



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STATE PLUMBING BOARD

Conference Room No. 3
2501 Woodlake Circle
Okemos, Michigan 48864

MINUTES

March 3, 2015

10:00 a.m. Eastern Standard Time

MEMBERS PRESENT

Mr. Anthony D'Ascenzo, Chairperson
Mr. Daniel Nixon, Vice Chairperson
Mr. Curt McNitt
Mr. Aaron Fedewa
Ms. Dana DeBruyn
Mr. Steve Busch

MEMBERS ABSENT

Mr. Walter Maner

DEPARTMENT PERSONNEL ATTENDING

Mr. Joseph Madziar, Chief, Plumbing Division
Mr. Andy Neuman, Assistant Chief, Plumbing Division
Mr. Kole Myers, Senior Plumbing Inspector
Mrs. Sara Leiby, Secretary, Plumbing Division
Ms. Jennifer Little, Word Processing Assistant, Plumbing Division

OTHERS IN ATTENDANCE

Ms. Cindy Maher, MPMCA
Mr. John Buresh, Master Applicant
Mr. Bick Singh, NewAge Casting Company, LP
Mr. Pat McQuillan, NewAge Casting Company, LP
Mr. Dave Parney, CISPI
Mr. Bill LeVan, CISPI
Mr. Tom Zimmerman, Burke Agency
Mr. George Johnston, Balfrey & Johnston

1. CALL TO ORDER AND DETERMINATION OF QUORUM

Chairperson D'Ascenzo called the meeting to order at 10:00 a.m. A quorum was present at that time.

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2. NOMINATION AND ELECTION OF OFFICERS

Board Member Busch moved to nominate Anthony D'Ascenzo as Chairperson. Board Member Nixon seconded the motion. **MOTION CARRIED UNANIMOUSLY.**

Board Member McNitt moved to nominate Daniel Nixon as Vice Chairperson. Board Member Busch seconded the motion. **MOTION CARRIED UNANIMOUSLY.**

Board Member Busch moved to nominate Walter Maner as Secretary. Board Member Nixon seconded the motion. **MOTION CARRIED UNANIMOUSLY.**

3. APPROVAL OF AGENDA

Board Member Fedewa moved to approve the agenda for the March 3, 2015 State Plumbing Board meeting. Board Member DeBruyn seconded the motion. **MOTION CARRIED.**

4. APPROVAL OF MINUTES

Board Member Nixon moved to approve the board minutes from the **December 2, 2014** meeting. Board Member McNitt seconded the motion. **MOTION CARRIED.**

5. APPROVAL OF EXAMINATION MINUTES

Board Member Nixon moved to approve the examination minutes of the Journey Plumber and Master Plumber Examinations held on **December 3, 2014** and the Plumbing Contractor Examination held on **December 17, 2014**. Board Member McNitt seconded the motion. **MOTION CARRIED.**

6. APPLICANTS APPEARING BEFORE THE BOARD

A. **Mr. John J. Buresh**, Master Applicant, appeared before the Board requesting permission to take the Master Plumber Examination. Mr. Buresh provided documentation verifying his out-of-state license was obtained through substantially the same requirements as the State of Michigan.

After a discussion with Mr. Buresh regarding his qualifications to take the Master Plumber Examination, Board Member McNitt moved to allow Mr. Buresh to take the Master Plumber Examination. Board Member Busch seconded the motion. **MOTION CARRIED.**

7. CHIEF'S REPORT

Mr. Madziar provided information on the following:

- A. The rules committee has concluded the 2015 Michigan Residential Code rules and the 2015 Michigan Residential Code may be effective this year or the next.
- B. Mr. Madziar will be in Memphis, Tennessee, April 19th through April 23rd for the beginning of the 2018 International Code Council code committee.
- C. DEQ proposed as of January 1, 2018 that all backflow preventers must be certified to ASSE 5110.
- D. Inspector joint training with Code Officials Conference of Michigan took place February 3rd through February 5th.
- E. The Bureau will move to the Ottawa Building on July 31, 2015.
- F. Plumbing Division staff will be meeting with a team from LARA for the Reinventing Performance in Michigan (RPM) project later this month.

8. LEGISLATIVE UPDATE

None

9. UNFINISHED BUSINESS

- A. **Mr. Mark A. Showalter**, Journey Applicant, did not appear before the Board as scheduled.

Board Member Fedewa moved to deny Mr. Showalter to take the Journey Plumber Examination. Board Member Nixon seconded the motion. **MOTION CARRIED.**

- B. **Mr. Charles P. Rogers**, Master Applicant, did not appear before the Board as scheduled.

Board Member Nixon moved to deny Mr. Rogers to take the Master Plumber Examination. Board Member Fedewa seconded the motion. **MOTION CARRIED.**

- C. **NewAge Casting Company, LP, Cast Iron Soil Pipe & Fittings, NH, SV, and ZFBE, BCCP-14-008**

Mr. Bick Singh and Mr. Pat McQuillan presented the Board a product approval request from NewAge Casting Company, LP, for Cast Iron Soil Pipe & Fittings, NH, SV, and ZFBE.

Following a review and discussion with Mr. Bick Singh and Mr. Pat McQuillan, Board Member McNitt moved to forward the product to the Commission for approval. Board Member Busch seconded the motion. **MOTION CARRIED.**

10. NEW BUSINESS

None

11. PUBLIC COMMENT

- A. Mr. Bill LeVan, CISPI, reported on compliance to Annex A1 or lack of for various inspections, codes, standards, and listings for cast iron pipe and fittings. Mr. LeVan also stated he will appeal the decision made previously for the product approval request for NewAge Casting Company, LP, Cast Iron Soil Pipe & Fittings.

12. NEXT MEETING

June 9, 2015

13. ADJOURNMENT

Board Member Busch moved to adjourn the meeting at 11:25 a.m. Eastern Standard Time. Board Member McNitt seconded the motion. **MOTION CARRIED.**

Approved: _____ Date: _____

Chairperson Anthony D'Ascenzo



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MIKE ZIMMER
DIRECTOR

STATE PLUMBING BOARD
Michigan State University
Agriculture and Livestock Education Pavilion
East Lansing, Michigan 48823

EXAMINATION MINUTES
March 4, 2015 and March 18, 2015
8:00 a.m. and 9:00 a.m. EST

MEMBERS PRESENT

Mr. Anthony D’Ascenzo, Chairperson
Mr. Daniel Nixon
Mr. Curt McNitt
Mr. Aaron Fedewa

MEMBERS ABSENT

Mr. Steve Busch
Mr. Walter Maner
Ms. Dana DeBruyn

DEPARTMENT PERSONNEL ATTENDING

Mr. Joseph T. Madziar, Chief, Plumbing Division
Mr. Andy B. Neuman, Assistant Chief, Plumbing Division
Mr. Kole Myers, Senior Plumbing Inspector
Mr. Allon Robbins, State Plumbing Inspector
Mr. David Yeager, State Plumbing Inspector

Chairperson D’Ascenzo introduced the Plumbing Board members. Mr. Andy Neuman provided instructions to the candidates for the Journey Plumber Examination. Mr. Kole Myers provided instructions to the candidates for the Master Plumber Examination under the supervision of Mr. Joseph Madziar.

One hundred journey applicants had been approved for the examination; 85 applicants took the examination.

Thirty-eight master applicants had been approved for the examination; 31 applicants took the examination.

The Chief of the Plumbing Division, Assistant Chief of the Plumbing Division, Senior Plumbing Inspector, 2 State Plumbing Inspectors, and 4 proctors assisted the State Plumbing Board with the examinations.

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State Plumbing Board Examination Minutes

Page 2

March 4, 2015 and March 18, 2015

Thirty-two plumbing contractor applicants had been approved for the examination; 30 applicants took the examination.

The Assistant Chief of the Plumbing Division and 1 proctor assisted Aaron Fedewa with the contractor examination.

Approved: _____ Date: _____
Anthony D'Ascenzo, Chairperson

DRAFT

Journey Plumber's Passed List
March 4, 2015

Journey Plumber

Address

BAUER, JASON M	WILLIAMSTON MI
BONETT, JOSEPH A	DETROIT MI
BURSLEY, JOSH L	LANSING MI
CROCKER, DANIEL T	SOUTHFIELD MI
DORAN, KYLE J	HARRISON TWP MI
DUKATZ, JEREMY L	EMMETT MI
ELLISON, DONALD L	NORTHVILLE MI
ESPER, JONATHAN J	PERRY MI
GARVIN, SETH A	WALLED LAKE MI
GROOT, COLE G	ALTO MI
HALE, TYLER J	NORTHVILLE MI
HALLENDY, JOEL W	ROSEVILLE MI
JOHNCOCK, STEPHEN J	DELTON MI
KAREW, TODD A	FERNDAL MI
MOORE, RICHARD J	CHARLEVOIX MI
MOUSER, SHAWN R	ATHENS MI
PLOOSTER, TREVOR D	JENISON MI
RAY, DANIEL S	CAPAC MI
SCHNEIDER, SCOTT M	OAKLEY MI
STADLER, JOSEPH A	SHELBY TWP MI

Journey Plumber's Passed List
March 4, 2015

Journey Plumber

Address

STEWART, JACKSON L

HOLLY MI

SVIHRA, KYLE J

DEXTER MI

SWOFFER, GARY A

MILAN MI

THOMPSON, KENNETH R

ADRIAN MI

VANDERKARR, JONATHON R

LENOX MI

WACKER, GREG E

WESTLAND MI

WESTCOTT, TIMOTHY A

TAWAS CITY MI

ZYWICKI, ROBERT A JR

INTERLOCHEN MI

Master Plumber's Passed List
March 4, 2015

Master Plumber

BOWER, SCOTT D

BROOKS, ROBERT S

BURESH, JOHN J

CARNEY, MICHAEL A

DORAN, KEVIN M

JONDRO, JACOB D

LABADIE, NICHOLLE R

MELDRUM, JASON R

MOORE, THOMAS S JR

VANDENBERG, JASON R

WHITE, BRADLEY S

WILLIAMS, JASON A

Address

LIVONIA MI

SAND LAKE MI

NEW FRANKEN WI

STERLING HEIGHTS MI

COLUMBUS MI

TOLEDO OH

BRITTON MI

EASTPOINTE MI

CHARLEVOIX MI

WYOMING MI

MAYVILLE MI

LAMBERTVILLE MI

Plumbing Contractor's Passed List
March 18, 2015

<u>Plumbing Contractor</u>	<u>Address</u>
DAVIS, DERRICK R	GARDEN CITY MI
DORMAN, KRISTOFER A	METAMORA MI
DYER, BRIAN M	SEBAWAING MI
FITZGERALD, SHAWN P	ST IGNACE MI
HOWSON, CRAIG R	MIDLAND MI
JANISZEWSKI, DONALD J	PETERSBURG MI
JASINSKI, JOEL A	PLYMOUTH MI
JONES, DANIEL G	GRAND RAPIDS MI
MASLAK, MATTHEW J	LIVONIA MI
MCMILLIN, BO M	WHITE PIGEON MI
MESSICK, WILLIAM L	MILFORD MI
MILLER, MATTHEW T	GOSHEN IN
PRESEAU, SCOTT D	CLIO MI
RODRIGUEZ, CURTIS	CANTON MI
RYCKMAN, ERIC A	BURTON MI
SANDEL, STEVEN L	SHEPHERD MI
SCOTT, KAREN M	CASCO MI
SCOTT, NORMAN J JR	CASCO MI
WEEBER, JOHN N	ROCKFORD MI
WHITE, BRADLEY S	MAYVILLE MI
WHITE, LUCAS L	BURT MI



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IRVIN J. POKE
DIRECTOR

RICK SNYDER
GOVERNOR

MIKE ZIMMER
DIRECTOR

March 30, 2015

Mr. Derrick J. Brown

Dear Mr. Brown:

The Plumbing Division has received your Application for Journey Plumber Examination.

The Plumbing Division is scheduling you to appear before the State Plumbing Board for consideration of your out-of-state licensing experience. The meeting will be held on **June 9, 2015**, located at 2501 Woodlake Circle, 1st Floor, Conference Room No. 1, Okemos, Michigan. The meeting will begin at 10:00 a.m., Eastern Standard Time. A map and the exam information form are enclosed for your convenience.

You will be required to provide your original license issued from the State of Illinois with the licensing rules and regulations.

Pending the decision of the board, it would be advisable to be prepared for the examination to be held on **June 10, 2015**, located in East Lansing, Michigan.

If you have any further questions or are unable to attend, contact the Plumbing Division at (517) 241-9330.

Sincerely,

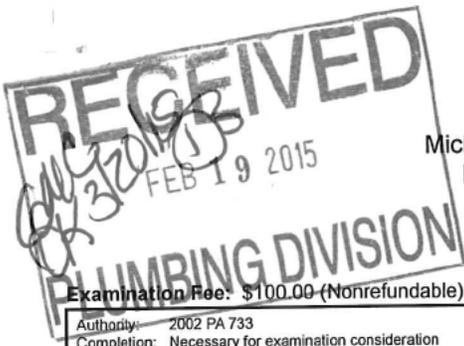
Joseph T. Madziar, Chief
Plumbing Division

JTM/sjl

Enclosures

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Application for Journey Plumber Examination
 Michigan Department of Licensing and Regulatory Affairs
 Bureau of Construction Codes / Plumbing Division
 P.O. Box 30255, Lansing, MI 48909
 517-241-9330
 www.michigan.gov/bcc

Trans Info: 195 20210833-1 02/17/15
 CN#: 1275 Amt: \$100.00
 ID: DERRICK J BROWN

Examination Fee: \$100.00 (Nonrefundable)

Authority: 2002 PA 733
 Completion: Necessary for examination consideration
 Penalty: Application cancelled and fee forfeited

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Out of State Experience

have 6,000 hours experience over a period of not less than 3 years. The experience shall be a current registered Michigan apprentice under 2002 PA 733.
 certify your dates of employment and have their signature notarized.

- Enclose a check made payable to the State of Michigan.
- Mail completed application (all pages must be submitted) and payment to the address listed above.

OFFICE USE ONLY
 T-82 23997

Applicant Information

NAME (Last, First, Middle) <u>Brown Derrick James</u>		LAST 4 DIGITS OF SOCIAL SECURITY NUMBER* XXX-XX- [REDACTED]
HOME ADDRESS [REDACTED]		DATE OF BIRTH [REDACTED]
CITY [REDACTED]		COUNTY [REDACTED]
STATE [REDACTED]	ZIP CODE [REDACTED]	TELEPHONE NUMBER (Include Area Code) [REDACTED]

Current Status

1. Have you previously applied to take the Michigan journey plumber examination? Yes No

2. Are you now licensed as a journey plumber in another state or country? Yes No
 Journey Plumber License No. 658-182957 State/Country Illinois

3. Are you registered as an apprentice with the State of Michigan? Yes No
 Apprentice No. 83- _____

Examination Preference

Examinations are conducted in March, June, September and December of each year. Please indicate a preference of examination date. If approved for examination, an admission card will be mailed to you approximately 10 days prior to the examination date. If the examination date you have selected is full, you will be scheduled for the next available examination.

Preferred Date _____
 No Preference - Next Available Examination

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.

Apprenticeship School

1. Have you attended a joint apprenticeship school? Yes (complete information below) No

NAME OF SCHOOL <u>Local 422 Joint Ap. Council</u>	CITY <u>Joliet</u>	STATE <u>Illinois</u>
INSTRUCTOR <u>Currently Local 130</u>	DATES ATTENDED (MO/DAY/YR) From: <u>6/1/03</u> To: <u>2/1/07</u>	

2. Have you attended other plumbing schools (military, adult education, etc.)? Yes (complete information below) No

NAME OF SCHOOL	CITY	STATE
INSTRUCTOR	DATES ATTENDED (MO/DAY/YR) From: _____ To: _____	

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

Education

HIGH SCHOOL Planfield High School		COLLEGE / UNIVERSITY Illinois State University	
CITY Planfield	STATE Illinois	CITY Normal	STATE Illinois
HIGHEST GRADE COMPLETED 12 th	DATE GRADUATED 5/1998	MAJOR Business / Admin	DATE GRADUATED 5/2003

Background Information

Have you been convicted of a felony or misdemeanor? Yes No

If yes, complete the Conviction History section below. Failure to accurately respond to this question will result in you forfeiting any rights of consideration for examination and issuance of a plumber's license in the state of Michigan.

Conviction History

In accordance with the Former Offenders Act, 1974 PA 381, this is to provide you with an opportunity to explain your affirmative response to the question above which asked if you had been convicted of a felony or misdemeanor.

If you are unsure of exact details, respond to the best of your knowledge. The information requested on this form is required under 2002 PA 733 and will be used to process your application. Attach additional sheet(s) if necessary.

YOUR NAME WHEN CONVICTED	
INDICATE CONVICTION(S) FOR WHICH YOU WERE CHARGED	
DATE(S) OF CONVICTION(S) AND SENTENCE(S)	
NAME AND ADDRESS OF SENTENCING COURT(S)	
CHECK YES OR NO TO THE FOLLOWING	
1. Are you a current inmate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2. Are you currently on probation / parole? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, provide the name, address and telephone number of the correctional facility, probation officer or parole officer.	
RELEASE DATE FROM CUSTODY, PROBATION OR PAROLE	
REHABILITATION PROGRAMS ENROLLED IN OR COMPLETED	

Conviction History Certification and Signature (To be signed only if Conviction History section above is completed)

I hereby certify the statements and facts provided are true and accurate to the best of my knowledge. By signing this form, I give my permission to allow the Bureau of Construction Codes to contact appropriate agencies regarding my record of conviction(s).

SIGNATURE OF APPLICANT	DATE
------------------------	------

IMPORTANT: Pages 3 and 4 must be completed by master plumber(s). Applicant MUST sign Certification and Signature section on Page 4. All 4 pages must be completed and submitted for review.

FAILURE TO FOLLOW INSTRUCTIONS WILL RESULT IN DENIAL OF YOUR APPLICATION.

Experience Record

Master plumbers completing the work history information shall begin with the most recent employment and continue in reverse time order. Describe the type of work performed in detail to enable the reviewer to correctly evaluate qualifications. List each position held as an apprentice plumber. If there is a lapse in employment (military service, jobs unrelated to plumbing, unemployment, etc) please explain.

Part-Time Experience

If the applicant has any part-time experience, or if period of employment starts before graduation from high school or while attending college, a separate sheet on company letterhead must be attached documenting exactly how many hours were worked each week during the period. The attached sheet must also be notarized and signed by the authorized master plumber including his/her license number.

Out-of-State/Country Experience

A person who is licensed as a journey plumber in another state or country may qualify for examination upon a determination by the Board that the license was obtained by the person through substantially the same or equal requirements as those of the state of Michigan. Out of state/country applicants must provide a copy of their current license with the licensing rules and regulations from that state/country. If the applicant has out-of-state/country experience, but not licensed, the applicant must provide a license certification letter from that state's licensing entity to verify their employer held a license as a plumbing contractor during their employment.

Present Employer - This section is to be completed by the master plumber supervising the applicant

NAME OF EMPLOYER <u>Power Plumbing INC</u>			NAME OF MASTER PLUMBER <u>Scott M Tuttle</u>		
BUSINESS ADDRESS <u>4591 Sunmeadow LN</u>			DATES OF APPRENTICE'S EMPLOYMENT (MO/DAY/YR) From: <u>1/2/2013</u> To: <u>2/14/2015</u>		
CITY <u>Hudsonville</u>	STATE <u>MI</u>	ZIP CODE <u>49426</u>	<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time No. Hours/Week <u>40 P</u>		
TYPE OF WORK PERFORMED <input checked="" type="checkbox"/> Residential <input checked="" type="checkbox"/> Heavy Construction <input checked="" type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input checked="" type="checkbox"/> Repair					
DESCRIPTION OF WORK <u>All Types of Plumbing from undergrounds to finishes in commercial & residential</u>					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as an apprentice whose principal occupation was engaged in learning and assisting in the practical installation of plumbing drainage. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, <u>Jessica Verstrate</u> this <u>10th</u> day of <u>February</u> , <u>2015</u> a Notary Public in and for <u>Ottawa</u> County, Michigan.		
SIGNATURE OF MASTER PLUMBER <u>Scott M Tuttle</u>			Signature of Notary Public: <u>Jessica Verstrate</u>		
LICENSE NUMBER <u>91-11124</u>			My Commission expires: <u>July 19</u> , <u>2021</u>		

Not Registered

JESSICA VERSTRATE
NOTARY PUBLIC, OTTAWA COUNTY, MI
My Commission Expires July 19, 2021
Acting in Ottawa County

Previous Employer - This section is to be completed by the master plumber who supervised the applicant

NAME OF EMPLOYER Perry Brown Plb+Ht Inc			NAME OF MASTER PLUMBER Perry Brown		
BUSINESS ADDRESS 16050 Renwick Park Dr			DATES OF APPRENTICE'S EMPLOYMENT (MO/DAY/YR) From 6/1/96 To: 3/2007		
CITY Plainfield	STATE IL	ZIP CODE 60586	<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time No. Hours/Week _____		
TYPE OF WORK PERFORMED <input checked="" type="checkbox"/> Residential <input checked="" type="checkbox"/> Heavy Construction <input checked="" type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Maintenance <input checked="" type="checkbox"/> Repair					
DESCRIPTION OF WORK Sewer/water install. Residential + commercial start to finish of all plumbing from ground up to finish projects service, repair, maintenance, rough, trim					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as an apprentice whose principal occupation was engaged in learning and assisting in the practical installation of plumbing drainage. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, _____		
SIGNATURE OF MASTER PLUMBER <i>Perry Brown</i>			this 29 day of January , 2015		
LICENSE NUMBER 058-102930			a Notary Public in and for Illinois Will IL County, Michigan		
			Signature of Notary Public: SELINA M. BROWN OFFICIAL SEAL My Commission Expires July 08, 2018		

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10m

Previous Employer - This section is to be completed by the master plumber who supervised the applicant

NAME OF EMPLOYER			NAME OF MASTER PLUMBER		
BUSINESS ADDRESS			DATES OF APPRENTICE'S EMPLOYMENT (MO/DAY/YR)		
CITY	STATE	ZIP CODE	From: _____ To: _____		
			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time No. Hours/Week _____		
TYPE OF WORK PERFORMED <input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
DESCRIPTION OF WORK					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as an apprentice whose principal occupation was engaged in learning and assisting in the practical installation of plumbing drainage. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, _____		
SIGNATURE OF MASTER PLUMBER			this _____ day of _____		
LICENSE NUMBER			a Notary Public in and for _____ County, Michigan.		
			Signature of Notary Public _____		
			My Commission expires: _____		

Certification and Signature (Must be signed by all applicants)

I certify the information provided is true and accurate to the best of my ability and that I have the experience required for this examination. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.	
SIGNATURE OF APPLICANT <i>Kevin Brown</i>	DATE 2/14/15

Illinois Department of
PUBLIC HEALTH

PLUMBER LICENSE

PLUMBER ID	Orig Issue Date	EXPIRES
058-182957	03/09/2007	04/30/2015

DERRICK JAMES BROWN

Sex: [REDACTED] Height: [REDACTED] Weight: [REDACTED]

DOB: [REDACTED]





RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF CONSTRUCTION CODES
IRVIN J. POKE
DIRECTOR

MIKE ZIMMER
DIRECTOR

May 13, 2015

Mr. Kevin R. Feldt


Dear Mr. Feldt:

The Plumbing Division has received your Application for Journey Plumber Examination.

The Plumbing Division is scheduling you to appear before the State Plumbing Board for consideration of your out-of-state licensing experience. The meeting will be held on **June 9, 2015**, located at 2501 Woodlake Circle, 2nd Floor, Conference Room No. 1, Okemos, Michigan. The meeting will begin at 10:00 a.m., Eastern Standard Time. A map and the exam information form are enclosed for your convenience.

You will be required to provide your original license issued from the State of Illinois with the licensing rules and regulations.

Pending the decision of the board, it would be advisable to be prepared for the examination to be held on **June 10, 2015**, located in East Lansing, Michigan.

If you have any further questions or are unable to attend, contact the Plumbing Division at (517) 241-9330.

Sincerely,



Joseph T. Madziar, Chief
Plumbing Division

JTM/sjl

Enclosures

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Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
P.O. BOX 30254 • LANSING, MICHIGAN 48909
www.michigan.gov/bcc • Telephone (517) 241-9302 • Fax (517) 241-9570

Application for Journey Plumber Examination
Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes / Plumbing Division
P.O. Box 30255, Lansing, MI 48909.
517-241-9330
www.michigan.gov/bcc

Trans Info: 95 20225895-1 02/19/15
Chk#: 1605 Amt: \$100.00
ID: KEVIN FELDT

RECEIVED

FEB 23 2015

Examination Fee: \$100.00 (Nonrefundable)

Authority: 2002 PA 733
Completion: Necessary for examination consideration
Penalty: Application cancelled and fee forfeited
LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Out of State Experience

Have 6,000 hours experience over a period of not less than 3 years. The experience shall be a current registered Michigan apprentice under 2002 PA 733.

Dates of employment incomplete ✓

Verify your dates of employment and have their signature notarized.
payment to the address listed above.

OFFICE USE ONLY
T-82 23999

Applicant Information

NAME (Last, First, Middle) <i>FELDT KEVIN ROLAND</i>		LAST 4 DIGITS OF SOCIAL SECURITY NUMBER XXX-XX- [REDACTED]
HOME ADDRESS [REDACTED]		DATE OF BIRTH [REDACTED]
CITY [REDACTED]		COUNTY [REDACTED]
STATE [REDACTED]	ZIP CODE [REDACTED]	TELEPHONE NUMBER (Include Area Code) [REDACTED]

Current Status

1. Have you previously applied to take the Michigan journey plumber examination? Yes No

2. Are you now licensed as a journey plumber in another state or country? Yes No *Belleville, IL.*
Journey Plumber License No. *#058-174491* State/Country *ILLINOIS (Plumbers & Fitters Local 101)*

3. Are you registered as an apprentice with the State of Michigan? Yes No
Apprentice No. 83- _____

Examination Preference

Examinations are conducted in March, June, September and December of each year. Please indicate a preference of examination date. If approved for examination, an admission card will be mailed to you approximately 10 days prior to the examination date. If the examination date you have selected is full, you will be scheduled for the next available examination.

Preferred Date
JUNE No Preference - Next Available Examination

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.

Apprenticeship School

1. Have you attended a joint apprenticeship school? Yes (complete information below) No

NAME OF SCHOOL <i>Belleville Local 101 Plumbers & Pipe Fitters</i>	CITY <i>Belleville</i>	STATE <i>IL.</i>
INSTRUCTOR <i>HALL Instructors (Have been An Instructor for 10 yrs)</i>	DATES ATTENDED (MO/DAY/YR) From: <i>10-15-1999</i> To: <i>7-15-2004</i>	

2. Have you attended other plumbing schools (military, adult education, etc.)? Yes (complete information below) No

NAME OF SCHOOL <i>Belleville MESA college</i>	CITY <i>Belleville</i>	STATE <i>IL.</i>
INSTRUCTOR <i>college Appointed Instructors</i>	DATES ATTENDED (MO/DAY/YR) From: <i>8-16-1995</i> To: <i>8-16-1998</i>	

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

Education

HIGH SCHOOL <i>Belleville West Township High School</i>		COLLEGE / UNIVERSITY <i>Belleville AREA college</i>	
CITY <i>Belleville</i>	STATE <i>ILLINOIS</i>	CITY <i>Belleville</i>	STATE <i>ILLINOIS</i>
HIGHEST GRADE COMPLETED <i>12</i>	DATE GRADUATED <i>05-17-1995</i>	MAJOR <i>Applied Science</i>	DATE GRADUATED <i>05-23-1998</i>

Background Information

Have you been convicted of a felony or misdemeanor? Yes No

*Industrial pipe fitting
welding degree*

If yes, complete the Conviction History section below. Failure to accurately respond to this question will result in you forfeiting any rights of consideration for examination and issuance of a plumber's license in the state of Michigan.

Conviction History

In accordance with the Former Offenders Act, 1974 PA 381, this is to provide you with an opportunity to explain your affirmative response to the question above which asked if you had been convicted of a felony or misdemeanor.

If you are unsure of exact details, respond to the best of your knowledge. The information requested on this form is required under 2002 PA 733 and will be used to process your application. Attach additional sheet(s) if necessary.

YOUR NAME WHEN CONVICTED
INDICATE CONVICTION(S) FOR WHICH YOU WERE CHARGED
DATE(S) OF CONVICTION(S) AND SENTENCE(S)
NAME AND ADDRESS OF SENTENCING COURT(S)
CHECK YES OR NO TO THE FOLLOWING 1. Are you a current inmate? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Are you currently on probation / parole? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the name, address and telephone number of the correctional facility, probation officer or parole officer.
RELEASE DATE FROM CUSTODY, PROBATION OR PAROLE
REHABILITATION PROGRAMS ENROLLED IN OR COMPLETED

Conviction History Certification and Signature (To be signed only if Conviction History section above is completed)

I hereby certify the statements and facts provided are true and accurate to the best of my knowledge. By signing this form, I give my permission to allow the Bureau of Construction Codes to contact appropriate agencies regarding my record of conviction(s).

SIGNATURE OF APPLICANT	DATE
------------------------	------

Experience Record

Master plumbers completing the work history information shall begin with the most recent employment and continue in reverse time order. Describe the type of work performed in detail to enable the reviewer to correctly evaluate qualifications. List each position held as an apprentice plumber. If there is a lapse in employment (military service, jobs unrelated to plumbing, unemployment, etc) please explain.

Part-Time Experience

If the applicant has any part-time experience, or if period of employment starts before graduation from high school or while attending college, a separate sheet on company letterhead must be attached documenting exactly how many hours were worked each week during the period. The attached sheet must also be notarized and signed by the authorized master plumber including his/her license number.

Out-of-State/Country Experience

A person who is licensed as a journey plumber in another state or country may qualify for examination upon a determination by the Board that the license was obtained by the person through substantially the same or equal requirements as those of the state of Michigan. Out of state/country applicants must provide a copy of their current license with the licensing rules and regulations from that state/country. If the applicant has out-of-state/country experience, but not licensed, the applicant must provide a license certification letter from that state's licensing entity to verify their employer held a license as a plumbing contractor during their employment.

Present Employer - This section is to be completed by the master plumber supervising the applicant

NAME OF EMPLOYER <i>KASTAR IDBA ALBERN Plumbing CO.</i>		NAME OF MASTER PLUMBER <i>KEVIN ROLAND Feldt</i>	
BUSINESS ADDRESS <i>7379 PATEDALE INDUSTRIAL CT.</i>		DATES OF APPRENTICE'S EMPLOYMENT (MO/DAY/YR) From: <i>10/21/2003</i> To: <i>11/12/2012</i>	
CITY <i>ST. LOUIS</i>	STATE <i>MO</i>	ZIP CODE <i>63133</i>	<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time No. Hours/Week <i>40/Week</i>
TYPE OF WORK PERFORMED <input checked="" type="checkbox"/> Residential <input checked="" type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input checked="" type="checkbox"/> Repair			
DESCRIPTION OF WORK <i>Installed And Falescen All plumbing Installed for company in ILLINOIS. Installed 100's of underground R.I.s of DWU IN subdivisions And projects. Foreman of ILLINOIS for 9yrs And controlled All work done by Employees as I Installed And completed work. HAVE 15yrs Experience As A licensed plumber IN state of ILLINOIS. I currently Hold the license today.</i>			
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as an apprentice whose principal occupation was engaged in learning and assisting in the practical installation of plumbing drainage. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.		Subscribed and sworn before me, <i>Kevin Feldt</i>	
SIGNATURE OF MASTER PLUMBER <i>Kevin R. Feldt</i> <i>4-2-2015</i>		this <i>2nd</i> day of <i>April</i> 2015	
LICENSE NUMBER <i>058-174491</i> ✓		a Notary Public in and for _____ County, Michigan.	
		Signature of Notary Public _____	
		My Commission expires: _____	



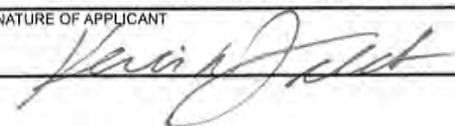
Previous Employer - This section is to be completed by the master plumber who supervised the applicant

NAME OF EMPLOYER			NAME OF MASTER PLUMBER		
BUSINESS ADDRESS			DATES OF APPRENTICE'S EMPLOYMENT (MO/DAY/YR)		
CITY	STATE	ZIP CODE	From:	To:	
			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time No. Hours/Week _____		
TYPE OF WORK PERFORMED					
<input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
DESCRIPTION OF WORK					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as an apprentice whose principal occupation was engaged in learning and assisting in the practical installation of plumbing drainage. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, _____		
SIGNATURE OF MASTER PLUMBER			this _____ day of _____,		
LICENSE NUMBER			a Notary Public in and for _____ County, Michigan.		
			Signature of Notary Public _____		
			My Commission expires: _____		

Previous Employer - This section is to be completed by the master plumber who supervised the applicant

NAME OF EMPLOYER			NAME OF MASTER PLUMBER		
BUSINESS ADDRESS			DATES OF APPRENTICE'S EMPLOYMENT (MO/DAY/YR)		
CITY	STATE	ZIP CODE	From:	To:	
			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time No. Hours/Week _____		
TYPE OF WORK PERFORMED					
<input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
DESCRIPTION OF WORK					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as an apprentice whose principal occupation was engaged in learning and assisting in the practical installation of plumbing drainage. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, _____		
SIGNATURE OF MASTER PLUMBER			this _____ day of _____,		
LICENSE NUMBER			a Notary Public in and for _____ County, Michigan.		
			Signature of Notary Public _____		
			My Commission expires: _____		

Certification and Signature (Must be signed by all applicants)

I certify the information provided is true and accurate to the best of my ability and that I have the experience required for this examination. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.	
SIGNATURE OF APPLICANT	DATE
	2-16-2015

I, Kevin R. Feldt, have been a member of Belleville Local 101 Plumbers & Pipefitters for the last 16 years. I have served a 5 year apprenticeship with the Local and have been a UA Instructor for over 10 years with the Hall. I have recently relocated to Michigan. I have worked and project-managed several jobs in the years listed below:

- | | |
|-----------|---|
| 1996-1998 | Applied Science of Industrial Pipefitting Degree |
| 1999-2003 | Spengler Plumbing Company <ol style="list-style-type: none">1. Residential: 4 months2. Commercial: entire time [Experience]3. Service: 2 X/week [Apprentice]4. Pipe welding: when needed |
| 2003 | Kastner Plumbing <ol style="list-style-type: none">1. 242 Unit complex: 4th year Foremanship |
| 2003-2012 | Albern Plumbing <ol style="list-style-type: none">1. Foreman of 13 residential subdivisions2. Officer license for 6 years for Company |
| 2012-2013 | Ehret Plumbing <ol style="list-style-type: none">1. Foreman of light commercial complex2. Support 194 room hospital |
| 2013-2014 | Murphy Company <ol style="list-style-type: none">1. Foreman of remodel of VAV Boxes @ courthouse |
| 2014-2015 | Relocated to Michigan and pursuing Michigan State License |



ILLINOIS DEPARTMENT OF PUBLIC HEALTH

IDPH
PROTECTING HEALTH, IMPROVING LIVES

Results

Name	KEVIN R FELDT	License Number	058-174491
Address		License Type	Ensis Plumber
Phone		License Status	Active
Employer	Unknown	Renewal Date	04/30/2015
		Licensed Since	02/22/2005
		CE	4

Close Window

Illinois Department of Public Health | 535 West Jefferson Street | Springfield, Illinois 62761
Phone 217-782-4977 | Fax 217-782-3987 | TTY 800-547-0466

[Privacy Policy](#)

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RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF CONSTRUCTION CODES
IRVIN J. POKE
DIRECTOR

MIKE ZIMMER
DIRECTOR

May 19, 2015

Mr. John S. Bali Jr.

Dear Mr. Bali:

The Plumbing Division has received your Application for Master Plumber Examination.

The Plumbing Division is scheduling you to appear before the State Plumbing Board for consideration of your out-of-state licensing experience. The meeting will be held on **June 9, 2015**, located at 2501 Woodlake Circle, 2nd Floor, Conference Room No. 1, Okemos, Michigan. The meeting will begin at 10:00 a.m., Eastern Standard Time. A map and the exam information form are enclosed for your convenience.

You will be required to provide your original license issued from the State of Illinois with the licensing rules and regulations.

Pending the decision of the board, it would be advisable to be prepared for the examination to be held on **June 10, 2015**, located in East Lansing, Michigan.

If you have any further questions or are unable to attend, contact the Plumbing Division at (517) 241-9330.

Sincerely,

Joseph T. Madziar, Chief
Plumbing Division

JTM/sjl

Enclosures

Providing for Michigan's Safety in the Built Environment

LARA is an equal opportunity employer
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
P.O. BOX 30254 • LANSING, MICHIGAN 48909
www.michigan.gov/bcc • Telephone (517) 241-9302 • Fax (517) 241-9570

**Application for Journey Plumber/Master Plumber/ Plumbing Contractor Examination 95 / 92 / 80
or Re-examination**

Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes / Plumbing Division
P.O. Box 30255, Lansing, MI 48909
517-241-9330
www.michigan.gov/bcc

Agency Use Only

8113006

Authority: 2002 PA 733 Penalty: Failure to provide information may request 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.
--	--

Note: In accordance with 2012 PA 311, any veteran providing satisfactory proof of separation from the armed forces of the United States under "honorable" or "general under honorable conditions" is exempt from registration, licensing and examination fees. For consideration, please attach a copy of either a DD-214, and/or DD-215 to your application. You may email your application and documentation to bccplbg@michigan.gov if you are requesting a veterans exemption only.

Tran Info:80 20429837-2 05/11/15
Chk#: 30656 Amt: \$100.00
ID: JOHN S BALI JR

General Instructions

- Enclose a check made payable to the **State of Michigan**.
- Mail completed application, required documents, and payment to the address listed above.

Important Information

Applicants are permitted one examination for a \$100.00 fee. Upon achieving a minimum passing score of 70% or higher, in each part of the exam, the applicant will be billed \$40.00 for the journey plumber license or between \$300 and \$100 for the master plumber license or plumbing contractor license (depending on when license is issued in licensing cycle) prior to issuance of the license. Examination fee is forfeited upon failure to appear for scheduled examination unless written explanation is received within 10 business days of the examination.

Examination Eligibility of Applicants From Other States or Countries

A person who is licensed as a journey or master plumber in another state or country may qualify for examination upon determination by the board that the license was obtained by the person through substantially the same or equal requirements as those of the state of Michigan.

\$100.00 Nonrefundable Fee Enclosed No Fee - Request for veterans exemption (Copy of DD-214 or DD-215 enclosed)

Please Check One: Journey Plumber (95) Master Plumber (92) Plumbing Contractor (80)

Applicant Information

NAME (Last Name, First Name, Middle Initial) BALI JR., JOHN S.		I AM AT LEAST 18 YEARS OF AGE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER XXX-XX-██████
ADDRESS ██	CITY ████████████████████	APPRENTICE REGISTRATION OR JOURNEY LICENSE NUMBER IL 058-121872	
COUNTY ██████████	STATE ███	ZIP CODE ██████	TELEPHONE NUMBER (Include Area Code) ██████████
E-MAIL ADDRESS ██			

RECEIVED
MAY 15 2015
PLUMBING DIVISION

JOURNEY PLUMBER EXAMINATION REQUIREMENTS

- Applicant must not be less than 18 years of age.
- Applicant must provide notarized documentation from present and former employers, signed by the supervising master plumber, verifying the applicant has not less than 6,000 hours of practical experience obtained over a period of not less than 3 years as an apprentice plumber in the practical installation of plumbing under the supervision of a master plumber.
- See MCL 338.3535, Section 25 (1)(d)(ii) of 2002 PA 733 for applicants wishing to use military service towards requirements for licensing.

MASTER PLUMBER EXAMINATION REQUIREMENTS

- Applicant must not be less than 18 years of age.
- Applicant must provide notarized documentation from present and former employers, signed by the supervising master plumber, verifying the attainment of 4,000 hours as a journey plumber in not less than 2 years immediately preceding the date of his or her application.

PLUMBING CONTRACTOR EXAMINATION REQUIREMENTS

- To qualify for a plumbing contractor license you shall hold a Michigan master plumber license or employ a master plumber as your representative. Only an owner of a sole proprietorship or partnership, or officer of a corporation or limited liability company, may apply for a plumbing contractor license. The license will not be issued without master plumber representation.
- In accordance with law, applicants must provide complete business or employment information for the previous 5 years.

Background Information

Have you been convicted of a felony? Yes No If yes, complete the "Conviction History" section below.

If you have checked yes, you must contact the court(s) where your convictions were obtained and have copies sent from the court to our office at the address listed on page 1.

Conviction History

In accordance with the Former Offenders Act, 1974 PA 381, this is to provide you with an opportunity to explain your affirmative response to the question above.

If you are unsure of the exact details, respond to the best of your knowledge. **Attach additional sheet(s) if necessary.**

YOUR NAME WHEN CONVICTED (If different)

INDICATE CONVICTION(S) FOR WHICH YOU WERE CHARGED

DATE(S) OF CONVICTION(S) AND SENTENCE(S)

NAME AND ADDRESS OF SENTENCING COURT(S)

CHECK YES OR NO TO THE FOLLOWING

1. Are you currently an inmate? Yes No Release date if applicable _____
2. Are you currently on probation/parole? Yes No Release date if applicable _____
3. If yes, provide the name, address and telephone number of the correctional facility, probation officer or parole officer.

REHABILITATION PROGRAM ENROLLED IN OR COMPLETED

Have you previously taken this examination? Yes No If yes, when? _____

Note: If this is a re-examination only, notarized documentation is not required.

Examination Site

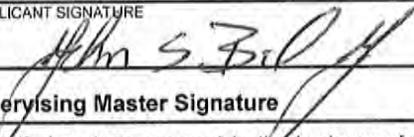
If approved for examination, an admission card will be mailed to you approximately 10 days prior to the examination date. If the examination you have selected is full, you will be scheduled for the next available examination at your preferred site.

Preferred Month JUNE 2015 No Preference-Next available examination

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.

Signature

I hereby certify that the statements in this application are true and correct. I have not withheld information which might affect the 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 or disciplinary action against my license.

APPLICANT SIGNATURE 	DATE <u>5/4/15</u>
--	-----------------------

Supervising Master Signature

I certify I am/was engaged in the business of being a supervisory master plumber and the applicant was actually in my employ as an apprentice or journey plumber installing plumbing. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued. SIGNATURE OF MASTER PLUMBER LICENSE NUMBER <u>IL LICENSED PLUMBER - SEE ATTACHED</u>	Subscribed and sworn before me, _____
	this _____ day of _____, _____
	a Notary Public in and for _____ County, Michigan.
	Signature of Notary Public _____ My Commission expires: _____

I certify I am/was engaged in the business of being a supervisory master plumber and the applicant was actually in my employ as an apprentice or journey plumber installing plumbing. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued. SIGNATURE OF MASTER PLUMBER LICENSE NUMBER	Subscribed and sworn before me, _____
	this _____ day of _____, _____
	a Notary Public in and for _____ County, Michigan.
	Signature of Notary Public _____ My Commission expires: _____

I certify I am/was engaged in the business of being a supervisory master plumber and the applicant was actually in my employ as an apprentice or journey plumber installing plumbing. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued. SIGNATURE OF MASTER PLUMBER LICENSE NUMBER	Subscribed and sworn before me, _____
	this _____ day of _____, _____
	a Notary Public in and for _____ County, Michigan.
	Signature of Notary Public _____ My Commission expires: _____

I certify I am/was engaged in the business of being a supervisory master plumber and the applicant was actually in my employ as an apprentice or journey plumber installing plumbing. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued. SIGNATURE OF MASTER PLUMBER LICENSE NUMBER	Subscribed and sworn before me, _____
	this _____ day of _____, _____
	a Notary Public in and for _____ County, Michigan.
	Signature of Notary Public _____ My Commission expires: _____



525 West Jefferson Street • Springfield, Illinois 62761-0001 • www.idph.state.il.us

April 03, 2015

JOHN BALI JR.
13753 MCKANNA ROAD
MINOOKA, IL 60447

Dear JOHN SYLVESTER BALI JR.,

Enclosed is the Illinois Plumber license that expires 04/30/2016. A copy of the license is presented below for convenience. This letter shall meet the requirements of Section 5 of the Illinois Plumbing License Law. However, the enclosed card shall be maintained with the plumber as evidence of licensure.

		PLUMBER LICENSE	
PLUMBER ID	Orig Issue Date	EXPIRES	
058-121872	07/27/1988	04/30/2016	
JOHN SYLVESTER BALI JR.			
Sex:	Height: Weight:		
DOB:			

JOHN SYLVESTER BALI JR.
This license issued under authority of the State of Illinois -- Department of Public Health
If found return to 525 W. Jefferson Street Springfield, IL 62761

If you have any questions, please contact the Illinois Plumbing Program at (217) 524-0791.



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF CONSTRUCTION CODES
IRVIN J. POKE
DIRECTOR

MIKE ZIMMER
DIRECTOR

March 30, 2015

Mr. Michael A. DeJusto



Dear Mr. DeJusto:

The Plumbing Division has received your Application for Master Plumber Examination.

The Plumbing Division is scheduling you to appear before the State Plumbing Board for consideration of your out-of-state licensing experience. The meeting will be held on **June 9, 2015**, located at 2501 Woodlake Circle, 1st Floor, Conference Room No. 1, Okemos, Michigan. The meeting will begin at 10:00 a.m., Eastern Standard Time. A map and the exam information form are enclosed for your convenience.

You will be required to provide your original license issued from the State of California with the licensing rules and regulations.

Pending the decision of the board, it would be advisable to be prepared for the examination to be held on **June 10, 2015**, located in East Lansing, Michigan.

If you have any further questions or are unable to attend, contact the Plumbing Division at (517) 241-9330.

Sincerely,

Joseph T. Madziar, Chief
Plumbing Division

JTM/sjl

Enclosures

Providing for Michigan's Safety in the Built Environment

LARA is an equal opportunity employer
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

P.O. BOX 30254 • LANSING, MICHIGAN 48909
www.michigan.gov/bcc • Telephone (517) 241-9302 • Fax (517) 241-9570

Call
05/31/15
DB

Application for Master Plumber Examination
Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes / Plumbing Division
P.O. Box 30255, Lansing, MI 48909
517-241-9330
www.michigan.gov/bcc

Trans Info: 92 20291470-1 03/10/15
Chk#: 1056 Amt: \$100.00
ID: MICHAEL A DEJUSTO

Examination Fee: \$100.00 (Nonrefundable)

Authority: 2002 PA 733	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
Completion: Necessary for examination consideration	
Penalty: Application cancelled and fee forfeited	

Out of State Experience

hold a journey license issued under 2002 PA 733 and have a minimum of 4,000 period of at least 2 years immediately preceding the date of application.

Complete and sign original application. Type or print in ink.

- Master plumbers who supervised you as a journey plumber must certify your dates of employment and have their signature notarized.
- Enclose a check made payable to the **State of Michigan**.
- Mail completed application (all pages must be submitted) and payment to the address listed above.

Eligibility of Applicants From Another State or Country

A person who is licensed as a master plumber in another state or country may qualify for examination upon a determination by the board that the license was obtained by the person through substantially the same or equal requirements as those of the state of Michigan. Out-of-state/country applicants must provide a copy of their current license with the licensing rules and regulations from that state/country.

OFFICE USE ONLY
T-81 12985

Applicant Information

NAME (Last, First, Middle) <i>DeJusto Michael Angelo</i>		LAST 4 DIGITS OF SOCIAL SECURITY NUMBER* XXX-XX-
HOME ADDRESS 		DATE OF BIRTH
CITY 		CO
STATE 	ZIP CODE 	TELEPHONE NUMBER (Include Area Code)

Current Status

1. Have you previously applied to take the Michigan master plumber examination?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Have you been licensed as a journey plumber in Michigan? Journey Plumber License No. 82- _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Are you licensed as a master plumber in another state or country? Master Plumber License No. <u>995688</u> State/Country <u>California</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Examination Preference

Examinations are conducted in March, June, September and December of each year. Please indicate a preference of examination date. If approved for examination, an admission card will be mailed to you approximately 10 days prior to the examination date. If the examination date you have selected is full, you will be scheduled for the next available examination.

Preferred Date No Preference - Next Available Examination

March 2015

RECEIVED
MAR 12 2015
PLUMBING DIVISION

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.

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



State Of California
CONTRACTORS STATE LICENSE BOARD
ACTIVE LICENSE



License Number **995688**

Entity **INDIV**

Business Name **DEJUSTO PLUMBING**

Classification(s) **C36**

Expiration Date **08/31/2016**

www.cslb.ca.gov

