

INSTRUCTIONS

Apply and pay online at <https://aca3.accela.com/lara> OR mail completed application, required documents, and license fee to address above.

EXAMINATION AND LICENSURE APPLICANTS WITH OUT-OF-STATE EXPERIENCE/LICENSE

The State of Michigan does not reciprocate with any other state for licensing. Therefore, you are required to take and pass an examination to receive a license in the State of Michigan. All applicants with out-of-state experience must be approved to sit for examination. **Please use the following Out of State License Verification form to document experience from other states as you may receive credit for experience earned from other states.**

Due to the degree of difficulty in verifying out-of-state experience, we ask that you provide the following document along with your specific trade license application.

1. Provide a copy of your current license and the licensing requirements for the governing entity that issued your current license.
 - a. Use the Out-of-State License Verification Form and send that to each licensing entity for completion.
2. For electrical or plumbing license application, provide **Notarized** letter(s) documenting the required hours and years and licensed supervision signed by the master or contractor of record for the company(ies) for which you were employed.

The individual licensing boards meet quarterly (see our web site for meeting schedules) and will review applications containing out-of-state information. If your application is approved by the applicable board, you will be eligible to schedule to sit for the applied for examination.

Out-of-State License Verification Form
Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes / Skilled Trades Licensing Section
P.O. Box 30254, Lansing, MI 48909
517-241-9316

lara-bcc-licensing@michigan.gov

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| Authority: 1980 PA 299 / 2016 PA 407 Penalty: Failure to provide 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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COMPLETE IF REQUESTING EXPERIENCE/EDUCATION ACCEPTANCE FOR MICHIGAN LICENSURE BASED ON A LICENSE ISSUED BY ANOTHER STATE. YOU MAY COPY THIS FORM AS MANY TIMES AS NEEDED. SOME BOARDS REQUIRE A FEE FOR THIS SERVICE.

TRADE LICENSE FOR WHICH APPLYING: _____

APPLICANT: PLEASE COMPLETE THE TOP SECTION OF THE FORM. SEND THIS FORM TO THE STATE THAT ISSUED YOUR LICENSE FOR THEM TO VERIFY YOUR LICENSE AND EXAMINATION HISTORY. HAVE THEM RETURN THE FORM TO YOU AND **Enclose this COMPLETED Request Form with your License Application and Applicable Fees**

**** Do not alter the Form returned from the verifying State ****

STATE BOARD:

I am applying for a license to practice as an _____ in the State of Michigan. The licensing board requires this form to be completed by each state wherein I hold or ever have held a professional/occupational license. This is your authority to release any information in your files, favorable or otherwise, to the **BUREAU OF CONSTRUCTION CODES, SKILLED TRADES LICENSING SECTION**. Your early response is appreciated.

**** Documentation submitted with your application becomes property of the State of Michigan and will not be returned.**

Applicant Information

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| LICENSE APPLICANT NAME (FIRST, MIDDLE, LAST) | | LAST FOUR OF SOCIAL SECURITY | |
| LICENSEE'S STREET ADDRESS | CITY | STATE | ZIP |
| E-MAIL ADDRESS | | PHONE NUMBER | |
| CURRENT LICENSE CLASSIFICATION | | STATE WHERE LICENSE WAS ISSUED | |
| LICENSE DATES (Start-End) (MM/DD/YY) | | LICENSE NUMBER | |

INSTRUCTIONS FOR VERIFYING STATE

1. Complete the information requested below.
2. Stamp this document with a State seal; and
3. Mail this verification form back to the Applicant

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| NAME OF BOARD OR AGENCY | NAME OF PERSON PROVIDING VERIFICATION |
| MINIMUM REQUIREMENTS (EDUCATION AND/OR EXPERIENCE) REQUIRED BY STATE FOR LICENSURE (attach supporting documents from State of licensure) | |
| NUMBER OF YEARS EXPERIENCE VERIFIED BY THE BOARD OR AGENCY | |
| CURRENT STATUS OF LICENSE | DATE OF FIRST ISSUANCE |
| REQUIRED EXAM(S) TAKEN | NAME AND DATE OF PASSING EXAM AND EXAM SCORE (MICHIGAN REQUIRES 75% OR HIGHER) |
| PROVIDE SUBJECT MATTER OF LICENSING EXAMINATION (attach additional documentation if appropriate) | |
| HAS LICENSE BEEN SUSPENDED, REVOKED, PLACED ON PROBATION, VOLUNTARILY SURRENDERED OR OTHERWISE DISCIPLINED? IF YES, EXPLAIN | |
| DOES LICENSEE HAVE A COMPLAINT, ALLEGATION OR INVESTIGATION PENDING BEFORE A LICENSING DEPARTMENT, BOARD, OR OTHER AUTHORITY IN THIS STATE? If yes, explain | |