

The department shall issue a license or a certificate of registration for an occupation under the act **without examination** to an individual who demonstrates to the satisfaction of the department that he or she meets **all of the following at the time of application**:

(a) Provides proof that the individual is 1 of the following:

(i) A member of the armed forces or uniformed services. – (uniformed services are all 6 branches of the military (Army, Navy, Marines, Air Force, Space Force, and Coast Guard) plus NOAA and the Public Health Service under HHS) **SUBMIT COPY OF MILITARY ID OR COMMON ACCESS CARDS issued by the DEPARTMENT OF DEFENSE**

See <https://www.cac.mil/common-access-card/>

(ii) A veteran. **SUBMIT COPY OF HONORABLE DISCHARGE PAPERS-DD214/DD215/OR OTHER MILITARY DOCUMENT SHOWING HONORABLE DISCHARGE**

(iii) A dependent of a member of the armed forces, a member of the uniformed services, or a veteran. **SUBMIT COPY OF MILITARY ID OR COMMON ACCESS CARDS issued by the DEPARTMENT OF DEFENSE**

(b) Holds a valid license or registration in that occupation from an equivalent licensing department, board, or authority, as determined by the department, in at least 1 other state of the United States. For each license or registration described in this subdivision that he or she holds, all of the following must be met:

(i) The license or registration is in good standing and he or she has held that license or registration for at least one year. **DOCUMENTED BY THAT STATE LICENSING OFFICE ON THE EXAMINATION WAIVER REQUEST FORM**

(ii) There were minimum education requirements and, if applicable, work experience requirements in effect for licensure or registration in the other state, and the other state verifies that he or she met those requirements for licensure or registration in that state. **DOCUMENTED BY THAT STATE LICENSING OFFICE ON THE EXAMINATION WAIVER REQUEST FORM**

(iii) If the other state required an examination for licensure or registration, he or she passed the examination. **DOCUMENTED BY THAT STATE LICENSING OFFICE ON THE EXAMINATION WAIVER REQUEST FORM**

(iv) The requirements for licensure or registration in the other state are substantially equivalent to or exceed the requirements of this act and any rule promulgated under this act for the license or registration. **DETERMINED BY REVIEW OF DOCUMENTATION PROVIDED BY APPLICANT**

(c) Has not had a license or registration revoked, and has not voluntarily surrendered a license or registration, in any other state of the United States or a foreign country while under investigation for unprofessional conduct. **DOCUMENTED BY THAT STATE LICENSING OFFICE ON THE EXAMINATION WAIVER REQUEST FORM**

(d) Has not had discipline imposed by any equivalent licensing department, board, or authority in another state of the United States. If another state of the United States has taken disciplinary action against the applicant, the department shall determine if the cause for the action was corrected and the matter resolved. If the matter has not been resolved by that other state, the department shall not issue or deny a license or registration until the matter is resolved. **DOCUMENTED BY THAT STATE LICENSING OFFICE ON THE EXAMINATION WAIVER REQUEST FORM**

(e) Does not have a complaint, allegation, or investigation pending before an equivalent licensing department, board, or authority in another state of the United States or a foreign country that relates to unprofessional conduct. If the applicant has any complaints, allegations, or investigations pending, the department shall suspend the application process and shall not issue or deny a license or registration to the applicant until the complaint, allegation, or investigation is resolved. **DOCUMENTED BY THAT STATE LICENSING OFFICE ON THE EXAMINATION WAIVER REQUEST FORM.**

(f) Pays all applicable fees and submits a complete application and the Military Examination Waiver Form. For active-duty service member - submit a copy of your military ID, orders demonstrating active duty, or Common Access Card.

For dependent of active-duty service member – submit a copy of the military individuals ID

Veterans – provide a copy of a DD214, DD215, or other military discharge documents that indicate ‘honorably discharge’ or ‘under honorable conditions.’

**License Examination Waiver Request Form**  
**MILITARY/UNIFORMED SERVICES EXEMPTION**  
Michigan Department of Licensing and Regulatory Affairs  
Bureau of Construction Codes  
P.O. Box 30255, Lansing, MI 48909  
517-241-9316  
[lara-bcc-licensing@michigan.gov](mailto:lara-bcc-licensing@michigan.gov)

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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**ONLY COMPLETE IF REQUESTING AN EXAMINATION WAIVER BASED ON A LICENSE ISSUED BY ANOTHER STATE. COMPLETE ONE FORM FOR EACH STATE IN WHICH YOU ARE OR WERE LICENSED**

**Enclose this Waiver Request Form with the applicable trade License Application.**

Complete the information requested below.

Send this Waiver Request Form to the State that will verify your license and exam history.

Do not alter the Waiver Request Form returned from the verifying State; and

**Active-duty service member** - submit a copy of your military ID, orders demonstrating active duty.

**Dependent of active-duty service member** – submit a copy of the military individuals ID and birth and/or marriage certificates of individuals including service member to prove relationship.

**Veteran** – provide a copy of a DD214, DD215, or other military discharge documents that indicate 'honorable discharge' or 'under honorable conditions.'

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

**Applicant Information**

LICENSEE NAME (FIRST, MIDDLE, LAST)		LAST 4 DIGITS of SSN#	
E-MAIL ADDRESS		PHONE NUMBER	
LICENSEE'S STREET ADDRESS	CITY	STATE	ZIP
LICENSE CLASSIFICATION		STATE WHERE LICENSE WAS ISSUED	
CURRENT STATUS OF LICENSE	LICENSE NUMBER	LICENSE DATES (Start-End) (MM/DD/YY)	
CURRENT MILITARY CLASSIFICATION		MILITARY IDENTIFICATION OR DISCHARGE HONORABLE OR UNDER HONORABLE	
VETERAN	ACTIVE (INCLUDING NATIONAL GUARD AND RESERVE)	DEPENDENT	CONDITIONS PAPERS ATTACHED YES      NO
I have the ability and will serve the public in a fair, honest, and open manner. If I had a judgement of guilt in a criminal proceeding or a civil action against me, I am rehabilitated or the substance of the former offense is not reasonably related to the occupation or profession for which I am seeking a license.			
YES      NO			

**INSTRUCTIONS FOR VERIFYING STATE**

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

NAME OF BOARD OR AGENCY	NAME OF PERSON PROVIDING VERIFICATION
CURRENT LICENE STATUS	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	
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	
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	