

**Electrical Apprentice or Fire Alarm Specialty Technician Apprentice**  
Michigan Department of Licensing and Regulatory Affairs  
Bureau of Construction Codes / Licensing Section  
P.O. Box 30255, Lansing, MI 48909  
517-241-9316  
[www.michigan.gov/bcc](http://www.michigan.gov/bcc)

Agency Use Only

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| Authority: 2016 PA 407<br>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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- Apply and pay online at <https://aca3.accela.com/lara> OR Mail completed, signed application {2 pages}, required documents, & fee to above.

**APPLICANT MUST SIGN THIS DOCUMENT**

**THIS FORM IS NOT TO BE USED FOR RENEWAL OF EXISTING LICENSE**

**MILITARY/UNIFORM SERVICE WAIVERS**

**Fee waiver:**

To waive the application fee, you must submit, with the application, proof of active service (i.e.: military ID) OR Proof of dependency (i.e., parent or spouse military ID and birth certificate or marriage certificate & military member papers,)

**Examination waiver:**

Licensure without examination is possible IF the applicant:

Provides proof that the applicant is A member of the armed forces or uniformed services, A veteran, or A dependent of a member of the armed forces, a member of the uniformed services, or a veteran **AND** has an active, valid electrical license in at least 1 other state of the United States.

To meet this waiver please complete the MILITARY/UNIFORMED SERVICES EXAMINATION WAIVER FORM (MILITARY EXAMINATION WAIVER PROCEDURE) found at [www.michigan.gov/bcc](http://www.michigan.gov/bcc), Forms, Licensing and attach that to this application.

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| Please Check One: <input type="checkbox"/> <b>Electrical Apprentice</b> <input type="checkbox"/> <b>Fire Alarm Specialty Technician Apprentice</b> |
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**Applicant Information**

|  |       |                        |                                      |
|--|-------|------------------------|--------------------------------------|
| NAME (Last Name, First Name, Middle Initial) |       | SOCIAL SECURITY NUMBER |                                      |
| ADDRESS                                      | CITY  | TOWNSHIP               |                                      |
| COUNTY                                       | STATE | ZIP CODE               | TELEPHONE NUMBER (Include Area Code) |
| E-MAIL ADDRESS                               |       |                        |                                      |

**Sponsoring Employer Information** - Locally licensed contractors must provide a copy of current license with this application

|                        |  |                             |
|------------------------|--|-----------------------------|
| SPONSORING EMPLOYER    |  | CONTRACTOR'S LICENSE NUMBER |
| HIRE DATE OF APPLICANT | MASTER (62)/ SPECIALITY TECH (52) LICENSE NUMBER |                             |

**Certification and Signature of Sponsoring Employer**

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| <b>Electrical Apprentice:</b> For an electrical apprentice, the sponsoring employer's signature must be either the contractor of record or qualifying master.<br><b>Fire Alarm Specialty Technician Apprentice:</b> For a fire alarm specialty technician apprentice, the sponsoring employer's signature must be either the contractor of record or qualifying fire alarm specialty technician. |
| I certify the information is true and accurate to the best of my knowledge.  |
| PRINTED NAME OF SPONSORING EMPLOYER  |
| SIGNATURE OF SPONSORING EMPLOYER   |

