

DO NOT
STAPLE

**Work Experience Report – Mechanical Contractor
New Application or Addition of Classifications**
Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes, Licensing Section
PO Box 30254
Lansing, MI 48909
517-241-9316

Authority: 2016 PA 407, Article 8	Failure to submit required supplementary documentation may cause delays in processing and testing.
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The applicant below is being considered for the mechanical contractor's examination with classifications noted below. The information provided on this form will be used to provide administrative services to the applicant.

Please use a separate form for each employer.

Please return this form to the applicant after completion.

Applicant Name		Email Address	
Classification(s) applying for and Applicant ID (if known)			
Street Address			
City	State	Zip	

Name of Employer			
Contractor of Record (Name)			
Contractor of Record License Number and Classifications 71-			
Address	City	State	Zip
Relationship to Applicant <input type="checkbox"/> Present Employer <input type="checkbox"/> Former Employer			
Exact Dates of Employment (Month, Day, Year) From: _____ To: _____			

Experience Record

Pursuant to PA 407, MCL 339.5807(1)(a), the applicant must provide to the board and the department a statement signed under penalty of perjury from each contractor of record that is the present or former mechanical contractor employer of the application. **The statement must indicate that the applicant has a minimum of 3 years or 6,000 hours of performance in each work classification for which the applicant is seeking a license and must include detailed and specific descriptions of the type of work performed by the applicant and the length of time he or she performed that work.**

Please complete for EACH work classification for which the applicant is seeking a license. This must include a detailed and specific description of the type of work performed by the applicant including the beginning and ending dates he or she performed that work, the length of time the work was performed, the employer under which the work was performed, and the title of the individual signing the statement. The description of work performed must include, but not be limited to, heating/cooling BTU ratings, venting and duct systems, types of fuel, types of refrigerants, types of equipment and types of fire suppression systems and equipment if applicable.

Classification: Date and Time of Work Experience:	
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Pursuant to PA 407, MCL 339.5807(1)(a), the applicant must provide to the board and the department a statement signed under penalty of perjury from each contractor of record that is the present or former mechanical contractor employer of the application.

Signature of Mechanical Contractor of Record	Date
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