

**Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes**

Notice to Veterans

In accordance with 2012 PA 314, 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 fees. For consideration, please attach a copy of either a **DD-214**, and/or **DD-215** to your application.

If you do not have a DD-214 or DD-215 in your possession, please contact the Michigan Veterans Affairs Agency at (517) 284-5298 for assistance.

The Building Division may be contacted at (517) 241-9317 if you have any questions prior to submission.

Application for Registration of Building Officials, Code Inspectors, and Plan Reviewers

Page 1 – Applicant Information

Requires information regarding the applicant, including the classification(s) being applied for.

Page 2 – Code Enforcement Verification

This section requires the employment verification and signature of an elected official or authorized designee from the unit of government (Township, City, Village, or County) the applicant is being employed with. The applicant's signature is also required.

Pages 3 & 4 – Employment Record

Requires a summary of each employer the applicant has worked for.

Building Inspector:

- Must have 4 years (8,320 hours) of experience, within the last 12 years, actively engaged in the construction business; if you are a licensed residential builder or maintenance and alteration contractor, please include a copy of your license; however, simply holding a license does not qualify an applicant for registration. See Rule R 408.30037.
- Possess a license as an architect or engineer with the State of Michigan; a copy of the license must be included
- Up to 2 years may be considered for completion of a recognized curriculum in a construction related field. (1 year, 2,080 hours for an Associates Degree; 2 years, 4,160 hours for a Bachelors Degree) A copy of the degree must be provided.
- Only work experience related to structural carpentry, structural masonry, structural steel erection, and structural concrete construction can be considered.

The following are examples of supporting documentation of work experience, which must be submitted with the application:

- Building permits & inspection reports (if self employed).
- Letters of reference stating the type of work performed and the amount of time spent on each project.
- Letters from employers on company letterhead and signed by an authorized company representative stating job duties, percentage of time spent on each duty, dates of employment, and amount of hours worked per week.

Please note: Character references cannot be considered towards work experience.

Electrical Inspector:

- Must have 2 years experience as a licensed electrical journey worker or shall be licensed as a master electrician within the State of Michigan. See Rule R 408.30040.
- A copy of the license must be provided.

Mechanical Inspector:

- 4 years of experience in heating ventilation and air conditioning (HVAC), or hydronic heating and process piping, or a combination of experience in both classifications; 2 of the 4 years shall have been at the journey level or higher. See Rule R 408.30043.

The following are examples of supporting documentation of work experience, which must be submitted with the application:

- Letters of reference stating the type of work performed and the amount of time spent on each project.
- Letters from employers on company letterhead and signed by an authorized company representative stating job duties, percentage of time spent on each duty, dates of employment, and amount of hours worked per week.

Please note: Character references cannot be considered towards work experience.

Plumbing Inspector:

- Must have 2 years experience as a licensed plumbing journey worker or shall be licensed as a master plumber within the State of Michigan.
- A copy of the license must be provided.

Application for Registration of Building Officials, Code Inspectors and Plan Reviewers

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Michigan Department of Licensing and Regulatory Affairs
 Bureau of Construction Codes / Building Division
 P.O. Box 30255, Lansing, MI 48909
 517-241-9347
 www.michigan.gov/bcc

Authority: 1986 PA 54 Completion: Mandatory to be registered Penalty: May not perform the duties as a building official, code inspector or plan reviewer	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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Act 54 of 1986 and the Building Official, Plan Reviewers, and Inspector Registration Rules requires all building officials, plan reviewers, building, electrical, mechanical and plumbing inspectors to **apply for registration within 30 days of employment**. To register, an applicant shall complete and submit this form with the employment record and appropriate fee to the address listed above. This application must be completed in its entirety and include required supporting documentation. Incomplete applications cannot be processed and will be returned to the applicant.

- New Applicant
 Currently Registered - Adding additional classification(s)
 Registration Number _____

Applicant Information

NAME (Last, First, Middle)		SOCIAL SECURITY NUMBER*	
HOME ADDRESS		HOME TELEPHONE NUMBER (Include Area Code)	
CITY	COUNTY	STATE	ZIP CODE

Listed below are the registration classifications. Indicate the classifications for which you are seeking registration by placing a check mark in the appropriate box or boxes.

<input type="checkbox"/> 1. “Building Official” means a construction code enforcement person working as an inspector or plan reviewer or actively engaged in the administration and enforcement of adopted building, electrical, mechanical or plumbing codes, or any combination of these codes. <i>Prerequisite: Registration as an inspector or plan reviewer for two years.</i>				
<input type="checkbox"/> 2. “Inspector” means the person responsible for the administration and enforcement of the construction of buildings, structures or appurtenances under the requirements of the applicable building, electrical, mechanical or plumbing code administered and enforced within the jurisdiction of the employing enforcing agency. Indicate which disciplines you will be inspecting and provide your license number and class (Contractor, Master or Journey) if appropriate. Include a copy of all licenses issued by the State of Michigan or the local licensing authority.				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <input type="checkbox"/> Building _____ <div style="text-align: center; font-size: small;">License Number</div> </td> <td style="width: 50%; border: none;"> <input type="checkbox"/> Mechanical _____ <div style="text-align: center; font-size: small;">License Number Classification Numbers</div> </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> Electrical _____ <div style="text-align: center; font-size: small;">License Number Issued By</div> </td> <td style="border: none;"> <input type="checkbox"/> Plumbing _____ <div style="text-align: center; font-size: small;">License Number</div> </td> </tr> </table>	<input type="checkbox"/> Building _____ <div style="text-align: center; font-size: small;">License Number</div>	<input type="checkbox"/> Mechanical _____ <div style="text-align: center; font-size: small;">License Number Classification Numbers</div>	<input type="checkbox"/> Electrical _____ <div style="text-align: center; font-size: small;">License Number Issued By</div>	<input type="checkbox"/> Plumbing _____ <div style="text-align: center; font-size: small;">License Number</div>
<input type="checkbox"/> Building _____ <div style="text-align: center; font-size: small;">License Number</div>	<input type="checkbox"/> Mechanical _____ <div style="text-align: center; font-size: small;">License Number Classification Numbers</div>			
<input type="checkbox"/> Electrical _____ <div style="text-align: center; font-size: small;">License Number Issued By</div>	<input type="checkbox"/> Plumbing _____ <div style="text-align: center; font-size: small;">License Number</div>			
<input type="checkbox"/> 3. “Plan Reviewer” means a person engaged in the practice of examining construction documents for the purpose of determining compliance with applicable codes. Indicate the type of plan review you will be performing.				
<input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing				

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

AGENCY USE ONLY

Submit **\$25.00** for **each classification** for **each year** of the current code cycle for which you are seeking registration.

\$	Total Fee
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Make check or money order payable to
State of Michigan

Required for Registration

Code Enforcement Employment Verification (To be completed by the elected official or authorized designee)

(If employed by more than one unit of government, attach additional sheets)		Date of Hire:	
UNIT OF GOVERNMENT		COUNTY	
STREET ADDRESS		TELEPHONE NUMBER (Include Area Code)	
CITY		STATE <b style="text-align: center;">MI	ZIP CODE
I CERTIFY THE APPLICANT PROVIDES THE FOLLOWING SERVICES ON BEHALF OF THE UNIT OF GOVERNMENT			
<input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Plan Review <input type="checkbox"/> Building Official			
Is this applicant replacing a previously registered inspector? <input type="checkbox"/> Yes <input type="checkbox"/> No			
NAME OF PERSON BEING REPLACED		REGISTRATION NUMBER	DATE EMPLOYMENT ENDED
I hereby certify the applicant is in the employment of this unit of government, performing the type of work described on this application.			
PRINT OR TYPE NAME OF ELECTED OFFICIAL OR DESIGNEE		TITLE	
SIGNATURE OF ELECTED OFFICIAL OR DESIGNEE		DATE	

Code Enforcement History Verification

Are you or have you previously been employed as a building official, code inspector or plan reviewer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
UNIT OF GOVERNMENT (Attach a list if more than four)	DATES OF EMPLOYMENT
UNIT OF GOVERNMENT	DATES OF EMPLOYMENT
UNIT OF GOVERNMENT	DATES OF EMPLOYMENT
UNIT OF GOVERNMENT	DATES OF EMPLOYMENT

All applicants must complete the attached Employment Record. List all work experience starting with your most recent employment and work backwards. Provide a *detailed description* of regularly assigned, ongoing duties for each job; include percentage of time spent on each duty. Attach additional sheets if necessary. Each form shall be signed by the employer or supervisor.

Qualifications for registration are evaluated by reviewing the employment records to determine that the applicant meets the minimum requirements set forth in the Building Officials, Plan Reviewers and Inspector Registration Rules R 408.30004-R 408.30055 providing standards for provisional registration, specifically, Rules 31 through 49. **(Please note that Rule 37 requires 4 years of combined experience. 2,080 documented hours of field experience will be considered equal to 1 year.)** Copies of the rules are available from the Michigan Department of Licensing and Regulatory Affairs, Bureau of Construction Codes at www.michigan.gov/bcc.

All forms and attachments to the application shall be identified with your name and social security number.

Applicant Certification and Signature

I hereby certify all information contained in this application is true and complete. I agree and understand any falsification of material fact will result in my forfeiting any rights to consideration for registration under the provisions of 1986 PA 54 and the associated administrative rules.	
SIGNATURE OF APPLICANT	DATE

Previous Related Experience History

To ensure your application is processed in a timely manner, please refer to the instructions attached to this application for documentation requirements. Provide a detailed description of regularly assigned, ongoing duties for each job, **including percentage of time spent on each duty.** Attach additional sheets if necessary.

EMPLOYER		JOB TITLE	
STREET ADDRESS		DATES OF EMPLOYMENT (MONTH/DAY/YEAR)	AVERAGE HOURS PER WEEK
CITY		FROM: _____ TO: _____	STATE _____
		ZIP CODE _____	
Percentage	Description of Your Duties		
%			
%			
%			
%			
%			
100%	SUPERVISOR'S SIGNATURE _____		TELEPHONE NUMBER (Include Area Code) _____

EMPLOYER		JOB TITLE	
STREET ADDRESS		DATES OF EMPLOYMENT (MONTH/DAY/YEAR)	AVERAGE HOURS PER WEEK
CITY		FROM: _____ TO: _____	STATE _____
		ZIP CODE _____	
Percentage	Description of Your Duties		
%			
%			
%			
%			
%			
100%	SUPERVISOR'S SIGNATURE _____		TELEPHONE NUMBER (Include Area Code) _____

Please Note: If you were self-employed as a builder/contractor you must verify your experience through building permits, inspection reports and/or letters of reference from former clients. If reference letters are used, they must indicate the dates service was performed, what was constructed, and the time it took to complete the project.

If you were employed as a skilled worker, your experience must be verified **through letters from employers on company letterhead, signed by an authorized company representative, stating job duties, percentage of time spent on each duty, dates of employment and the amount of hours worked per week.**

Previous Related Experience History

EMPLOYER		JOB TITLE	
STREET ADDRESS		DATES OF EMPLOYMENT (MONTH/DAY/YEAR)	AVERAGE HOURS PER WEEK
CITY		FROM: _____ TO: _____	ZIP CODE
		STATE	
Percentage	Description of Your Duties		
%			
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EMPLOYER		JOB TITLE	
STREET ADDRESS		DATES OF EMPLOYMENT (MONTH/DAY/YEAR)	AVERAGE HOURS PER WEEK
CITY		FROM: _____ TO: _____	ZIP CODE
		STATE	
Percentage	Description of Your Duties		
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100%	SUPERVISOR'S SIGNATURE		TELEPHONE NUMBER (Include Area Code)

If necessary, make additional copies of this form.