Michigan Department of Licensing and Regulatory Affairs Bureau of Construction Codes

## **Notice to Veterans**

In accordance with 2012 PA 313, 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, licensing and examination 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 Electrical Division may be contacted at (517) 241-9320 if you have any questions prior to submission.

#### Application for Journeyman Electrician Examination Michigan Department of Licensing and Regulatory Affairs Bureau of Construction Codes / Electrical Division P.O. Box 30255, Lansing, MI 48909 Email: bccelec@michigan.gov 517-241-9320

www.michigan.gov/bcc

# Examination Fee: \$100.00 (nonrefundable) Authority: 1956 PA 217 Completion: Mandatory Penalty: Examination will not be given

**Instructions:** To be eligible to make application for and take this examination an applicant shall meet the following criteria:

- · Complete and sign application. Type or print in ink.
- · Application and fee must be received 20 business days prior to the examination date.
- · Applicant must not be less than 20 years of age.
- Provide notarized documentation from present or former employers to the effect that the applicant has not less than 8,000 hours of practical experience obtained over a period of not less than 4 years related to electrical construction or electrical maintenance of buildings under direct supervision of a person licensed pursuant to the act. Documentation must include the beginning (month, day, year) to ending (month, day, year) dates of employment. The 8,000 hours of practical work experience over 4 years must be attained prior to the deadline date for submitting documentation. Notarized documentation must be on employers' letterhead stationery and provide dates of employment and hours worked under licensed supervision and signed by the qualified master electrician.
- Enclose a check made payable to the State of Michigan.
- Mail completed application, required documents, and payment to the address listed above.

#### Information

Applicants are permitted one examination for the \$100.00 fee. Upon achieving a minimum passing score of 75% or higher, the applicant will be billed \$40.00 for the journeyman electrician license prior to issuance of the license. Failure of examination 2 times within 2 years requires 1 year waiting period from the date of the second failure and proof of successful completion of a course on code, electrical fundamentals or theory to be eligible for reexamination. Examination fee is forfeited upon failure to appear for scheduled examination unless written explanation is received within 10 business days of the examination.

#### Examination Eligibility of Applicants From Other States or Countries

A person who is licensed as a journeyman electrician in another state or country may qualify for examination upon determination by the board that the license was obtained by the person through substantially the same or equal requirements as those of the state of Michigan in accordance with the provisions of section 3a of the act.

#### **Applicant Information**

NAME (Last Name, First Name, Middle Initial)		DATE OF BIRTH LAST 4		LAST 4 DIGITS OF SOCIAL SECURITY NUMBER*		
				XXX-XX-		
ADDRESS	CITY	•	TOWNSH	IP		
COUNTY	STATE	ZIP CODE	ZIP CODE TELEPHONE NUMBER (Include			
Have you previously taken this examina	ation? Yes No					
If examination was not administered by the	e State Electrical Division pro	ovide the licensing	entity:			
City of	Town	Fownship of				
Examination Site						
Examinations are given at the sites lister Examinations" for examination dates. Plea month. If approved for examination, an add examination you have selected is full, you	se check below the site you mission card will be mailed to	wish to be examine b you approximatel	d at and y 10 day	I indicate a preference of examination s prior to the examination date. If the		
Preferred Site Prefer	red Month					
Lansing						
Escanaba						
If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested						

test accommodation. Forms are available from this office.

\*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act. Agency Use Only

#### Experience Record (attach additional sheets if necessary)

NAME OF CURRENT EMPLOYER		DATES OF EMPLOYMENT (MM/DD/YY)			
		BEGINNING:	ENDI	NG:	
ADDRESS	CITY	°	STATE	ZIP CODE	
TYPE OF WORK PERFORMED					
NAME OF EMPLOYER		DATES OF EMPLOYMEN	OF EMPLOYMENT (MM/DD/YY)		
		BEGINNING:	ENDI	NG:	
ADDRESS	CITY	<u>.</u>	STATE	ZIP CODE	
TYPE OF WORK PERFORMED					
Certification and Signature of Applicant					

### I certify the information provided is true and accurate to the best of my ability and I have the experience required for this examination. I further understand fraud or deceipt in obtaining a license is grounds for administrative action in accordance with the act. APPLICANT'S SIGNATURE

#### Agency Use Only

Date of Exam Score Absent Date of Exam Score Absent					🗆 No	🗆 Yes	Approved for Exam
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Validation Area