

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

## **Notice to Veterans**

In accordance with 2012 PA 312, 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 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 Mechanical Division may be contacted at (517) 241-9325 if you have any questions prior to submission.

**Application for Mechanical Contractor License Examination**

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Michigan Department of Licensing and Regulatory Affairs

Bureau of Construction Codes / Mechanical Division

P.O. Box 30255, Lansing, MI 48909

517-241-9325 or www.michigan.gov/bcc

**Examination Fee:** \$100.00 (nonrefundable)

E-Mail: bccmech@michigan.gov

Authority: 1984 PA 192, MCL 338.976 and MCL 338.980	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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**Instructions:**

- Complete and sign application. Type or print in ink.
- **Completed and signed application, the examination fee, and work experience report(s) must be received in the Bureau office not less than 20 calendar days before next scheduled exam.**
- Incomplete applications or applications received without the application fee will not be approved for examination.
- Enclose a check made payable to the **State of Michigan**.
- Mail completed application and payment to the address listed above.
- Provide a **"Work Experience"** report (BCC-3012) to each of your present/former employers. Once completed, you must submit this application for the examination.

CONTRACTOR LICENSE NUMBER - REQUIRED WHEN UPGRADING ONLY

71 -  Upgrade

**Applicant Information**

NAME (Last, First, Middle) No Initials		DATE OF BIRTH	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER*	
			XXX-XX-	
ADDRESS			TELEPHONE NUMBER (Include Area Code)	
CITY	COUNTY	STATE	ZIP CODE	
E-MAIL ADDRESS				

**Work Classifications (Check work classifications for which you are desiring to test for)**

<p><input type="checkbox"/> <b>1. Hydronic heating and cooling and process piping (includes the installation of residential boilers).</b> (Means the application of equipment and systems which provide air conditioning by the controlled forced circulation of fluids or vapors in pipes.)</p> <p><input type="checkbox"/> <b>2. HVAC equipment (includes ductwork, gas piping and venting).</b> (Means the application of equipment and systems to provide air conditioning for occupants of buildings and structures. HVAC does not include the installation of portable self-contained refrigeration equipment and window type air conditioners of not more than 1 1/2 horsepower.)</p> <p><input type="checkbox"/> <b>3. Ductwork.</b> (Means the air distribution arrangement for supply, return and exhaust in air conditioning systems and in non-air conditioning systems, the materials and methods of which are specified in the Michigan Mechanical Code. Ductwork includes flues, vents and chimneys.)</p> <p><input type="checkbox"/> <b>4. Refrigeration.</b> (Means the use of equipment and systems including refrigeration piping, employing the refrigeration cycle to generate low temperatures for other than air condition equipment and systems. Refrigeration includes such equipment and systems as supermarket refrigeration, industrial refrigeration, the preservation of biological materials and food storage facilities. Refrigeration does not include the installation of portable self-contained units such as refrigerators, dehumidifiers and other similar equipment of not more than 1.5 horsepower or other equipment exempted from the Michigan Mechanical Code.)</p> <p><input type="checkbox"/> <b>5. Limited heating service.</b> (Means the servicing of gas-designed sectional boilers having inputs of not more than 1 million Btu's, utilizing a combustion safeguard designed to shut off the main gas supply 10 or less seconds after pilot flame failure, and all other gas-fired or solid fuel equipment and systems limited to input ratings of less than 400,000 Btu's per unit; or oil-fired equipment and systems designed for the use of number 1 or number 2 fuel oil, having a maximum firing rate of less than five gallons per hours per unit; or electrical furnaces and electric boilers using the same kilowatts that are equivalent to the fossil fuel British thermal units generated.)</p>	<p><input type="checkbox"/> <b>6. Unlimited heating service.</b> (Means the servicing of heating equipment and systems without restrictions concerning thermal capacity or grade of fuel oil or type of fuel.)</p> <p><input type="checkbox"/> <b>7. Limited refrigeration and air conditioning service.</b> (Means the servicing of refrigeration equipment and systems and air conditioning equipment and systems employing the refrigeration cycle unlimited capacity utilizing group one refrigerants as listed in the Michigan Mechanical Code.)</p> <p><input type="checkbox"/> <b>8. Unlimited refrigeration and air conditioning service.</b> (Means the servicing of refrigeration equipment and systems and air conditioning equipment and systems employing the refrigeration cycle unlimited as to thermal capacity or type of refrigerant.)</p> <p><input type="checkbox"/> <b>9. Fire Suppression.</b> (Means the integrated combination of a fire alarm system and fire suppression equipment which as a result of predetermined temperature, rate of temperature rise, products of combustion, flame, or human intervention will discharge a fire extinguishing substance over a fire area.)</p> <p><input type="checkbox"/> <b>10. Specialty License.</b> (Means a license to perform work within limits established by the board in one of the work classifications set forth below, for the installation and servicing of:)</p> <p><input type="checkbox"/> a. Solar Heating and Cooling</p> <p><input type="checkbox"/> b. Solid Fuel Equipment &amp; Vented Decorative Gas Appliances</p> <p><input type="checkbox"/> c. LP Distribution Piping</p> <p><input type="checkbox"/> d. Fuel Gas Piping</p> <p><input type="checkbox"/> e. Fuel Gas Piping &amp; Venting</p>
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\*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

## Background Information

The Forbes Mechanical Contractors Act, 1984 PA 192, requires examination applicants to be of good moral character as defined and determined under 1974 PA 381, MCL 338.41 to 338.47.

The existence of a conviction record does not necessarily disqualify an applicant for examination. However, it does provide the department with information, which will be carefully evaluated by staff. A failure on the part of an applicant to provide accurate and truthful information and the authorization requested on this form may be sufficient cause to deny eligibility for examination.

Have you been convicted of a felony or misdemeanor?  Yes  No If yes, complete the "Conviction History" section below.

## Conviction History

In accordance with the Former Offenders Act, 1974 PA 381, this is to provide you with an opportunity to explain your affirmative response to the question above which asked if you had ever been convicted of a felony or misdemeanor.

If you are unsure of the exact details, respond to the best of your knowledge. The information requested on this form is required under 1984 PA 192 and will be used to process your application. **Attach additional sheet(s) if necessary.** You may provide letters of reference attesting to your character.

YOUR NAME WHEN CONVICTED

INDICATE CONVICTION(S) FOR WHICH YOU WERE CHARGED

DATE(S) OF CONVICTION(S) AND SENTENCE(S)

NAME AND ADDRESS OF SENTENCING COURT(S)

CHECK YES OR NO TO THE FOLLOWING

1. Are you currently an inmate?  Yes  No
2. Are you currently on probation?  Yes  No
3. Are you currently on parole?  Yes  No
4. If yes, provide the name, address and telephone number of the correctional facility, probation officer or parole officer.

COMPLETION DATE/ANTICIPATED RELEASE FROM INCARCERATION, PROBATION OR PAROLE (MM/DD/YYYY)

REHABILITATION PROGRAM ENROLLED IN OR COMPLETED

## Education

Are you currently attending or a graduate of a recognized trade school?  Yes  No

If yes, attach a copy of your official transcript or, if applicable, a copy of your original diploma. A maximum of one year of the required three years of experience may be applied.

## Examination Location

Examinations are given in Lansing. Refer to the enclosed "Mechanical Contractor Examination Schedule" for examination dates. Please note your preferred examination date. If approved for examination, an admission card will be mailed to you approximately 10 days prior to the examination date. If the examination you have selected is full, you will be scheduled for the next available examination.

Preferred Date \_\_\_\_\_  No Preference - Next Available Examination

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, submit written documentation from an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

## Signature

I hereby certify that the statements in this application are true and correct. I have not withheld information which might affect the decisions to be made on this application. I am aware that a false statement or dishonest answer may be grounds for denial of my application. I am aware that, under authority of the Occupational License for Former Offenders, 1974 PA 381, Michigan Department of State Police records will be checked for information regarding criminal convictions and appropriate agencies may be contacted regarding my record of conviction(s).

I hereby authorize the Michigan Department of Licensing and Regulatory Affairs and its agents to examine the records and check civil, criminal, and administrative records at the discretion of the Department.

SIGNATURE

DATE

**Work Experience Report**  
Michigan Department of Licensing and Regulatory Affairs  
Bureau of Construction Codes/Mechanical Division  
PO Box 30255, Lansing, MI 48909  
517-241-9325  
www.michigan.gov/bcc

Authority: 1984 PA 192 Completion: Mandatory Penalty: Failure to complete will result in denial of the applicants application.	LARA is an equal opportunity employer/program. Auxillary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
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The applicant named below is being considered for a Mechanical Contractors Examination. The information will be used to provide administrative services to the applicant. **Please return this form to the applicant after completion so they can submit with his/her application.**

<b>To Be Completed By Applicant</b>			
NAME OF APPLICANT			
APPLICANT'S STREET ADDRESS	CITY	STATE	ZIP CODE
<b>To Be Completed By Employer</b>			
NAME OF EMPLOYER		LICENSE NUMBER	
EMPLOYER'S STREET ADDRESS	CITY	STATE	ZIP CODE
TYPE OF EMPLOYMENT <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	EMPLOYER'S RELATIONSHIP TO APPLICANT <input type="checkbox"/> PRESENT EMPLOYER <input type="checkbox"/> FORMER EMPLOYER		
EXACT DATES APPLICANT WAS IN YOUR EMPLOY (Month, Day, Year) From _____ To _____			

**EXPERIENCE RECORD**

Applicant must provide **notarized statements from employer** verifying work experience in accordance with Section 338.976 of the Forbes Mechanical Contractors Act, and R 338.903 of the Board of Mechanical Rules license examination procedures. Each notarized statement must include a **detailed** description of the work performed, the length of time and dates that the work was performed, the employer under which the work was performed, and the title of the individual signing the statement.

A **DETAILED** description of work performed **must** include, but not limited to, heating/cooling BTU ratings, venting and duct systems, types of fuel, types of refrigerants, types of equipment and types of fire supression systems and equipment if applicable. This information must be signed by your current or former employer(s) and notarized.

**WORK CLASSIFICATIONS**

1. Hydronic Heating and Cooling and Process Piping (includes the installation of residential boilers)
Date(s) Employee Held This Position _____ Number of Months/Years _____
Description of Duties Performed
2. HVAC Equipment (includes ductwork, gas piping and venting)
Date(s) Employee Held This Position _____ Number of Months/Years _____
Description of Duties Performed

Name of Applicant:

3. Ductwork

Date(s) Employee Held This Position \_\_\_\_\_ Number of Months/Years \_\_\_\_\_

Description of Duties Performed:

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4. Refrigeration

Date(s) Employee Held This Position \_\_\_\_\_ Number of Months/Years \_\_\_\_\_

Description of Duties Performed:

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5. Limited Heating Service

Date(s) Employee Held This Position \_\_\_\_\_ Number of Months/Years \_\_\_\_\_

Description of Duties Performed:

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6. Unlimited Heating Service

Date(s) Employee Held This Position \_\_\_\_\_ Number of Months/Years \_\_\_\_\_

Description of Duties Performed:

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7. Limited Refrigeration and Air Conditioning Service

Date(s) Employee Held This Position \_\_\_\_\_ Number of Months/Years \_\_\_\_\_

Description of Duties Performed:

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8. Unlimited Refrigeration and Air Conditioning Service

Date(s) Employee Held This Position \_\_\_\_\_ Number of Months/Years \_\_\_\_\_

Description of Duties Performed:

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9. Fire Suppression

Date(s) Employee Held This Position \_\_\_\_\_ Number of Months/Years \_\_\_\_\_

Description of Duties Performed:

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Name of Applicant:

10. Specialty License

a. Solar Heating and Cooling

Date(s) Employee Held This Position \_\_\_\_\_ Number of Months/Years \_\_\_\_\_

Description of Duties Performed:

b. Solid Fuel Equipment & Vented Decorative Gas Appliances

Date(s) Employee Held This Position \_\_\_\_\_ Number of Months/Years \_\_\_\_\_

Description of Duties Performed:

c. LP Distribution Piping

Date(s) Employee Held This Position \_\_\_\_\_ Number of Months/Years \_\_\_\_\_

Description of Duties Performed:

d. Fuel Gas Piping

Date(s) Employee Held This Position \_\_\_\_\_ Number of Months/Years \_\_\_\_\_

Description of Duties Performed:

e. Fuel Gas Piping & Venting

Date(s) Employee Held This Position \_\_\_\_\_ Number of Months/Years \_\_\_\_\_

Description of Duties Performed:

**Certification and Signature**

I certify the above information is true and accurate to the best of my knowledge.

TYPE/PRINT NAME	TITLE	TELEPHONE NUMBER
SIGNATURE		DATE

Subscribed and sworn before me, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
a Notary Public in and for \_\_\_\_\_ County, Michigan.  
Signature of Notary Public \_\_\_\_\_  
My Commission expires: \_\_\_\_\_, 20\_\_\_\_.