

**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 Electrical Apprentice
 Michigan Department of Licensing and Regulatory Affairs
 Bureau of Construction Codes / Electrical Division
 P.O. Box 30255, Lansing, MI 48909
 517-241-9320
 www.michigan.gov/bcc

Agency Use Only

Fee: \$15.00

Authority: 1956 PA 217 Completion: Mandatory Penalty: Certificate of Registration will not be issued	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
--	--

This form is for 1st time electrical apprentice registration only. If you have previously registered call for assistance.

Note: Effective September 1, 2010, all electrical apprentices are required to be participating in an electrical training program approved by the Electrical Administrative Board as stipulated in 1956 PA 217.

Instructions:

- Complete and sign application. Type or print in ink.
- 1996 PA 236, as amended requires an applicant to include his or her social security number. However, a requirement under this section to include a social security number on an application does not apply to an applicant who demonstrates he or she is exempt under law from obtaining a social security number or to an applicant who for religious convictions is exempt under law from disclosure of his or her social security number under these circumstances.
- **The sponsoring employer's signature must be either the contractor or qualifying master.**
- Enclose a check made payable to the **State of Michigan**.
- Mail completed application and payment to the address listed above.

Applicant Information

NAME (Last Name, First Name, Middle Initial)		DATE OF BIRTH	SOCIAL SECURITY NUMBER*
ADDRESS	CITY	TOWNSHIP	
COUNTY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)

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

SPONSORING EMPLOYER		ELECTRICAL CONTRACTOR LICENSE NUMBER	MASTER ELECTRICIAN LICENSE NUMBER
ADDRESS	CITY	STATE	ZIP CODE
HIRE DATE OF APPLICANT		TELEPHONE NUMBER (Include Area Code)	

Certification and Signature of Sponsoring Employer

I certify the information is true and accurate to the best of my knowledge.
PRINTED NAME OF SPONSORING EMPLOYER
SIGNATURE OF SPONSORING EMPLOYER

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

COMPLETE BACK SIDE OF THIS APPLICATION

Certification and Signature of Approved Related Technical Instruction Provider

I certify that _____ is currently participating in an electrical training program (Printed Name of Applicant)	
approved by the Electrical Administrative Board.	
RELATED TECHNICAL INSTRUCTION PROVIDER (e.g. college, trade, labor organization etc.)	PHONE NUMBER (Required)
PRINTED NAME OF AUTHORIZED REPRESENTATIVE	SIGNATURE OF AUTHORIZED REPRESENTATIVE

I understand that I am responsible for maintaining a chronological record of my employment as an electrical apprentice and that I must submit proof of my employment when requested by the licensing authority. I understand as an apprentice I am prohibited from engaging in electrical work in the State of Michigan without the direct supervision of a Michigan licensed electrician.

Certification and Signature of Applicant

I certify the information provided is true and accurate to the best of my ability. I further understand fraud or deceit in obtaining registration is grounds for administrative action in accordance with the act.	
APPLICANT'S SIGNATURE	DATE