2006 Plumbing Code Update Course Certificate of Completion

Michigan Department of Energy, Labor & Economic Growth Bureau of Construction Codes / Plumbing Division P.O. Box 30254, Lansing, MI 48909 517-241-9330

Authority: 2002 PA 733

Instructions:

Course Provider: Complete Course Provider information including course approval number (classes shall have been previously approved and assigned an approval number by the Plumbing Division).

Instructor: Sign Certificate of Completion upon course completion. Retain a copy for your records and possible student requests. Mail the completed certificate to the address listed above within 10 business days of the program completion.

Students: Complete the student information accurately in its entirety.

Course Provider APPLICANT NAME / CONTACT PERSON		COURSE APPROVAL NUMBER
AFFLICANT NAME / CONTACT FERSON		COURSE AFFROVAL NUMBER
ADDRESS		·
CITY	STATE	ZIP CODE
COURSE LOCATION AND DATE	l l	
Student Information		
	al)	JOURNEY OR MASTER PLUMBER LICENSE NUMBER
	al)	JOURNEY OR MASTER PLUMBER LICENSE NUMBER
NAME (Last Name, First Name, Middle Initia	al)	JOURNEY OR MASTER PLUMBER LICENSE NUMBER
NAME (Last Name, First Name, Middle Initia	al)	JOURNEY OR MASTER PLUMBER LICENSE NUMBER
NAME (Last Name, First Name, Middle Initial ADDRESS		
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NAME (Last Name, First Name, Middle Initial ADDRESS CITY		
NAME (Last Name, First Name, Middle Initial ADDRESS CITY Signature		ZIP CODE
Student Information NAME (Last Name, First Name, Middle Initial ADDRESS CITY Signature INSTRUCTOR'S SIGNATURE		