Application for Electrical Apprentice or Fire Alarm Specialty Technician Apprentice

Michigan Department of Licensing and Regulatory Affairs

Bureau of Construction Codes / Licensing Division

P.O. Box 30255, Lansing, MI 48909

517-241-9316

www.michigan.gov/bcc

Agency Use Only

Authority:	2016 PA 407	LARA is an equal opportunity employer/program. Auxiliary aids, ser	rvices and other reasonable accommodations
Penalty:	Failure to provide the information may result in denial of your request.	are available upon request to individuals with disabilities.	

Note: A veteran providing satisfactory proof of separation from the armed forces of the United States under "honorable" or "general under honorable conditions" is exempt from the initial license fee. For consideration, please attach a copy of either a DD-214, and/or DD-215 to your application.

General Instructions:

Apply and pay online at https://aca3.accela.com/lara

Or

Mail completed application, required documents to the address listed above.

□ \$15.00 Initial License Fee □ No Fee - Veteran Exemption

***** Any documentation submitted with your application becomes property of the State of Michigan and will not be returned.

Please Check One:
□ Electrical Apprentice
□ Fire Alarm Specialty Technician Apprentice

Applicant Information

NAME (Last Name, First Name, Middle Initial)	SOCIAL SECURITY NUMBER		
ADDRESS	CITY	TOWNSI	HIP
COUNTY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
E-MAIL ADDRESS			

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

SPONSORING EMPLOYER		CONTRACTOR'S LICENSE NUMBER
HIRE DATE OF APPLICANT	MASTER(62)/ SPECIALITY TECH(52) LICENSE	NUMBER

Certification and Signature of Sponsoring Employer

Electrical Apprentice: For an electrical apprentice, the sponsoring employer's signature must be either the contractor of record or qualifying master.

Fire Alarm Specialty Technician Apprentice: For a fire alarm specialty technician apprentice, the sponsoring employer's signature must be either the contractor of record or qualifying fire alarm specialty technician.

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

PRINTED NAME OF SPONSORING EMPLOYER

SIGNATURE OF SPONSORING EMPLOYER

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Certification and Signature of Approved Related Technical Instruction Provider

I certify that(Printed Name of Applicant)	is currently participating	_ is currently participating in an electrical or fire alarm					
training program approved by the Electrical Administrative Board.							
RELATED TECHNICAL INSTRUCTION PROVIDER (e.g. college, trade, labor	organization etc.)	PHONE NUMBER					
PRINTED NAME OF AUTHORIZED REPRESENTATIVE	SIGNATURE OF AUTHORIZED REPRESENTATIVE		DATE				
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I understand that I am responsible for maintaining a chronological record of my employment as an electrical apprentice or fire alarm specialty technician apprentice and that I must submit proof of my employment when requested by the licensing authority.

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.

DATE

APPLICANT'S SIGNATURE

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