

Application for Reexamination for Electrical License

Michigan Department of Consumer & Industry Services
Bureau of Construction Codes & Fire Safety
Electrical Division
P.O. Box 30255
Lansing, MI 48909
517/241-9320

Fee: \$25.00

Authority: 1956 PA 217 Completion: Mandatory Penalty: Examination will not be given	The Department of Consumer and Industry Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.
---	---

Instructions:

1. Complete and sign this application. **Type or print in ink.**
2. Enclose a check payable to the **State of Michigan.**
3. Application and fee must be received in the Department 20 business days prior to the examination date.
4. Applicants that have failed 2 examinations within a period of 2 years must wait 1 calendar year from the date of the second failed examination. Applicant must attend an approved course on the National Electrical Code, electrical fundamentals, or electrical theory and submit a Course Certificate of Completion with this application. **(Fire Alarm Specialty Technicians are exempt)**

Applicant Information

NAME		SOCIAL SECURITY NUMBER	DATE OF BIRTH
ADDRESS		CITY	TOWNSHIP
COUNTY	STATE	ZIP CODE	TELEPHONE NUMBER

Journeyman and Master Electrician Classifications/Examination Locations

Indicate license classification for which you are seeking reexamination.

Journeyman Electrician Master Electrician

Examinations are given at the sites listed below. Refer to the enclosed "Schedule of Electrical Board Meetings and Licensing Examinations" for exam dates. Please check below the site you wish to be examined at and indicate a preference of exam 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 at your preferred site.

PREFERRED SITE PREFERRED MONTH

LANSING AREA _____ NO PREFERENCE-NEXT AVAILABLE
 ESCANABA _____ EXAM SITE AND DATE

Sign Specialist and Fire Alarm Specialty Technician Classifications

Indicate license classification for which you are seeking reexamination.

Sign Specialist Fire Alarm Specialty Technician

Exam site: Lansing area only

Signature

APPLICANT'S SIGNATURE	DATE
-----------------------	------