

Application for Reexamination for Electrical License
 Michigan Department of Energy, Labor & Economic Growth
 Bureau of Construction Codes / Electrical Division
 P.O. Box 30255, Lansing, MI 48909
 517-241-9320
 www.michigan.gov/bcc

Examination Fee: \$100.00 (nonrefundable)

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

Instructions:

- Complete and sign application. Type or print in ink.
- Application and fee must be received in the Department 20 business days prior to the examination date.
- 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.)**
- Enclose a check made payable to the **State of Michigan**.
- Mail completed application, required documents, and payment to the address listed above.

Applicant Information

NAME		DATE OF BIRTH	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER* XXX-XX-
ADDRESS		CITY	TOWNSHIP
COUNTY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)

Journeyman and Master Electrician Classifications / Examination Locations

INDICATE LICENSE CLASSIFICATION FOR WHICH YOU ARE SEEKING REEXAMINATION										
<input type="checkbox"/> Journeyman Electrician	<input type="checkbox"/> Master Electrician									
<p>Examinations are given at the sites listed below. Refer to the enclosed "Schedule of Electrical Board Meetings and Licensing Examinations" for examination dates. Please check below the site you wish to be examined at and indicate a preference of examination month. 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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"><u>Preferred Site</u></td> <td style="width: 30%;"><u>Preferred Month</u></td> <td style="width: 40%;"></td> </tr> <tr> <td><input type="checkbox"/> Lansing</td> <td>_____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Escanaba</td> <td>_____</td> <td></td> </tr> </table>		<u>Preferred Site</u>	<u>Preferred Month</u>		<input type="checkbox"/> Lansing	_____		<input type="checkbox"/> Escanaba	_____	
<u>Preferred Site</u>	<u>Preferred Month</u>									
<input type="checkbox"/> Lansing	_____									
<input type="checkbox"/> Escanaba	_____									

Sign Specialist and Fire Alarm Specialty Technician Classifications

INDICATE LICENSE CLASSIFICATION FOR WHICH YOU ARE SEEKING REEXAMINATION	
<input type="checkbox"/> Sign Specialist	<input type="checkbox"/> Fire Alarm Specialty Technician
Examination site: Lansing area only	

Signature

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

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