

APPLICATION FOR JOURNEYMAN ELECTRICIAN EXAMINATION

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

Examination 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.
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Instructions: To be eligible to make application for and take this examination an applicant shall meet the following criteria:

- Complete front and back and sign this application. **Please type or print in ink.**
- Enclose a check payable to the **State of Michigan.**
- Application and fee must be received 20 business days prior to the examination date.
- Be not less than 20 years of age.
- Provide *notarized* documentation from present or former employers to the effect that the applicant has not less than 8,000 hours of practical experience obtained over a period of not less than 4 years related to electrical construction or electrical maintenance of buildings under direct supervision of a person licensed pursuant to the act. Documentation must include the beginning and ending dates of employment. The 8,000 hours of practical work experience over 4 years must be attained prior to the deadline date for submitting documentation. *Notarized*, original documentation must be on employers' letterhead stationery and provide dates of employment and hours worked under licensed supervision and signed by the qualified master electrician.

Information

Applicants are permitted one examination for the \$25.00 fee. Upon achieving a minimum passing score of 75% or higher, the applicant will be billed \$20.00 for the journeyman electrician license prior to issuance of the license. Failure of examination 2 times within 2 years requires 1 year waiting period from the date of the second failure and proof of successful completion of a course on code, electrical fundamentals or theory to be eligible for reexamination. Examination fee is forfeited upon failure to appear for scheduled examination unless written explanation is received within 10 business days of the examination.

Examination Eligibility of Applicants From Other States or Countries

A person who is licensed as a journeyman electrician in another state or country may qualify for examination upon determination by the board that the license was obtained by the person through substantially the same or equal requirements as those of the State of Michigan in accordance with the provisions of section 3a of the act.

Temporary License

A nonresident person who is licensed in another state may receive a temporary journeyman license for a period of not more than 90 days if the nonresident person qualifies pursuant to the requirements for journeyman licensure.

Applicant Information

NAME (Last Name, First Name, Middle Initial)		STREET ADDRESS		
CITY	TOWNSHIP	COUNTY	STATE	ZIP CODE
TELEPHONE NUMBER	APPRENTICE REGISTRATION NO.	SOCIAL SECURITY NUMBER	DATE OF BIRTH	

Have you previously taken this examination? Yes No

If examination was not administered by the State Electrical Division provide the licensing entity:

City of _____ Township of _____

Examination Site

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 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.

<u>Preferred Site</u>	<u>Preferred Date</u>	
<input type="checkbox"/> Lansing	_____	
<input type="checkbox"/> Escanaba	_____	<input type="checkbox"/> No Preference-Next Available Examination Site and Date

If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

Experience Record

NAME OF CURRENT EMPLOYER		DATES OF EMPLOYMENT BEGINNING:		ENDING:	
ADDRESS	CITY	STATE	ZIP CODE		
TYPE OF WORK PERFORMED _____					
NAME OF EMPLOYER		DATES OF EMPLOYMENT BEGINNING:		ENDING:	
ADDRESS	CITY	STATE	ZIP CODE		
TYPE OF WORK PERFORMED _____					
NAME OF EMPLOYER		DATES OF EMPLOYMENT BEGINNING:		ENDING:	
ADDRESS	CITY	STATE	ZIP CODE		
TYPE OF WORK PERFORMED _____					
NAME OF EMPLOYER		DATES OF EMPLOYMENT BEGINNING:		ENDING:	
ADDRESS	CITY	STATE	ZIP CODE		
TYPE OF WORK PERFORMED _____					

Certification and Signature

I certify that the information provided is true and accurate to the best of my ability and that I have the experience required for this examination. I further understand that falsification of any statement is cause for rejection or revocation of license, if issued.	
APPLICANT'S SIGNATURE	DATE

Office Use Only

APPROVED FOR EXAMINATION YES NO

DATE OF EXAM	SCORE	ABSENT	DATE OF EXAM	SCORE	ABSENT

Date Approved by EAB _____

Validation Area