

APPLICATION FOR MASTER ELECTRICIAN EXAMINATION

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

OFFICE USE ONLY

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:

- **See back of application for qualifications for examination.**
- Complete and sign this application. **Please type or print in ink.**
- Enclose a check or money order payable to the **State of Michigan.**
- Application and fee must be received 20 business days prior to examination.
- Be not less than 22 years of age.
- Provide **original notarized** documentation on company letterhead with the following information:
 1. Dates of employment.
 2. Hours of employment. (See qualifications on back of application)
 3. Name and license number of supervising master electrician.
- Mail completed application, fee, and verification to the above address.

Applicant Information

NAME (Last Name, First Name, Middle Initial)		STREET ADDRESS		
TOWNSHIP	CITY	COUNTY	STATE	ZIP CODE
TELEPHONE NUMBER		SOCIAL SECURITY NUMBER		DATE OF BIRTH
JOURNEYMAN LICENSE NUMBER		NUMBER OF YEARS JOURNEYMAN LICENSE HELD		LICENSING JURISDICTION

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 Sites

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.

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

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.

Certification and Signature

I certify that the information 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. If granted a master's license, I swear that I will not represent as master more than one person, firm, or corporation and if I resign as master I will notify the electrical administrative board within 10 business days.

APPLICANT'S SIGNATURE	DATE
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Qualifications for Examination

(1) To qualify for a master electrician license examination, a person shall meet the criteria set forth in the act and shall provide both of the following:

(a) An **original notarized** statement from present or former employers to the effect that the applicant has obtained a minimum of 12,000 hours of practical experience that has been obtained over a period of not less than 6 years related to electrical construction, the maintenance of buildings, or electrical wiring or equipment under the supervision of a master electrician or when an applicant has provided documentation of 8,000 hours of practical experience that is required pursuant to qualification for journeyman examination, he or she shall provide an **original notarized** statement from present or past employers to demonstrate the attainment of 4,000 hours of practical experience under the supervision of a master electrician, subsequent to initial journeyman license issuance.

(b) Evidence of holding a journeyman license for 2 years preceding the date of application. If the journeyman license was not issued by the board (department), a copy of the license that was issued by a municipality providing for licensing pursuant to the provisions of section 6 of the act or a statement from the licensing authority that verifies license issuance shall be furnished.

(2) If an applicant is unable to conform with any of the requirements in sub rule (1), he or she may present evidence to the board as to his or her eligibility for examination. Establishing, in a manner satisfactory to the board, the experience requirement or an equivalent of that experience requirement for the particular class of licensure by use of a **notarized** statement from current and past employers.

Examination Eligibility of Applicants From Other States or Countries

A person who is licensed as a master electrician in another state or country may qualify for examination upon a 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.

Temporary License

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

Information

Applicants are permitted one examination for the \$25.00 fee. Upon achieving a passing score of 75% or higher, the applicant will be billed \$25.00 for the master electrician license prior to issuance of the license.

A separate license is required for an electrical contractor.

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APPROVED FOR EXAM YES NO

DATE OF EXAM	SCORE	ABSENT	DATE OF EXAM	SCORE	ABSENT

DATE APPROVED BY EAB _____

VALIDATION AREA