



City of Dearborn
Home Town of Henry Ford
 DEPARTMENT OF ECONOMIC & COMMUNITY DEVELOPMENT
 COMMERCIAL SERVICES
 BARRY S. MURRAY, DIRECTOR

Date Submitted: _____

**APPLICATION FOR LICENSE
 STATIONARY ENGINEER/ BOILER OPERATOR/ REFRIGERATION OPERATOR**

**SUBMIT/ MAIL APPLICATION TO THE CITY OF
 DEARBORN : ATTN: BOARD OF SAFETY ENGINEERS- PH#
 313-943-3348
 16901 Michigan Ave.
 DEARBORN, MI 48126**

STATIONARY ENGINEER:

- Chief Engineer**- \$70
- Facilities Eng**- \$50
- 1st Class**- \$50
- 2nd Class- \$50
- 3rd Class- \$50

BOILER OPERATOR:

- High Pressure- \$50
- Low Pressure- \$50

REFRIGERATION OPERATOR:

- 1st Class**- \$50
- 2nd Class**- \$50
- Turbine & Reciprocal Engine Operator- \$50

other _____ ** CFC Universal Registration required

office use only

steam only Safety Test other _____

NAME _____

STREET _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBER (HOME/ WORK) _____

DRIVER'S LICENSE # _____

DATE OF BIRTH ____/____/____ US CITIZEN? Yes No

LENGTH OF RESIDENCE IN THE STATE OF MICHIGAN _____

HAVE YOU EVER APPLIED FOR THIS GRADE OF LICENSE IN THE CITY OF DEARBORN? Yes No

IF SO, LIST DATES _____

WHAT GRADES OF VALID DEARBORN LICENSES DO YOU NOW POSSESS? _____

EXPIRATION DATES _____ NO. OF ISSUES _____

WHAT ENGINEERING DEGREE OR VALID LICENSES DO YOU POSSESS ISSUED OUTSIDE OF DEARBORN?

Signature of Applicant _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS ____ DAY OF _____, _____

 NOTARY PUBLIC, WAYNE COUNTY, MICHIGAN MY COMMISSION EXPIRES _____



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Work Experience (if Applicable) or Education Information:

PLACES OF EMPLOYMENT/ NAME OF SCHOOL- NAME AND ADDRESS	DATES WORKED/ DATES COMPLETED COURSE(S)	DUTIES PERFORMED/ TYPES OF CLASS(ES)

References

We hereby certify from our knowledge that the applicant named is of temperate habits and of good character and recommend him/her as a suitable person to be entrusted with the duties of the engineer/operator being applied for, as indicated.

***PRINTED NAME OF ENGINEER/ OPERATOR** _____ **GRADE** _____

ADDRESS _____

SIGNATURE OF ENGINEER/ OPERATOR _____

***PRINTED NAME OF CITIZEN OF THE UNITED STATES** _____

ADDRESS _____

SIGNATURE OF CITIZEN OF THE UNITED STATES _____

<u>For Office Use Only:</u>		
EXAMINATION FEE(S): \$ _____	RECEIVED BY: _____	
TYPE OF PAYMENT/ RECEIPT NUMBER: _____ / _____		
EXAMINATION DATE: _____	EXAMINER(S): _____	
MAILED TEST DATE INFO: _____	MAILED RESULTS: _____	SCORE: _____

NOTICE:

ALL REQUIRED SIGNATURES, DOCUMENTATION & FEES MUST BE SUBMITTED TO PROCESS THE APPLICATION IN A TIMELY MANNER. ANY DEVIATION FROM THESE INSTRUCTIONS WILL DELAY THE APPLICATION PROCESS. DEPARTMENT OF ECD WILL NOT BE HELD RESPONSIBLE FOR DELAYS DUE TO INCOMPLETE DOCUMENTATION OR INSUFFICIENT PAYMENT. DATES FOR TESTING, DEADLINES, AND NUMBER OF APPLICANTS PERMITTED PER TEST PERIOD SUBJECT TO CHANGE AT ANY TIME FOR ANY REASON. APPLICANTS WILL BE NOTIFIED BY VIA MAIL OF INFORMATION REGARDING NEXT EXAMINATION DATE, TIME AND LOCATION. EXAMINATION RESULTS WILL BE MAILED WITHIN 10 BUSINESS DAYS FROM TEST DATE WITH FURTHER INSTRUCTIONS ON HOW TO OBTAIN THE LICENSE OR HOW TO REAPPLY.