

Michigan Department of Licensing and Regulatory Affairs
Bureau of Commercial Services
Licensing Division
PROFESSIONAL COMMUNITY PLANNERS
P.O. Box 30018, Lansing, MI 48909
517-241-8720
www.michigan.gov/communityplanner

FOR OFFICE USE ONLY	
Approved By:	
Date Approved:	
License No.:	25-01-

APPLICATION FOR PROFESSIONAL COMMUNITY PLANNER REGISTRATION

Instructions			
Please print or type entries. Complete both sides of this form and return it to the Department of Licensing and Regulatory Affairs with the appropriate fee. Upon Board approval, candidates will be referred to the exam contractor, PSI for examination registration information. Specific registration requirements may be found at www.michigan.gov/communityplanner .			
Applicant's Name (Last, First, Middle)			
Address (Number and Street)		City	State Zip Code
Date of Birth	Social Security Number	Daytime Telephone Number	E-mail Address
Have you ever been convicted of a felony?			
<input type="checkbox"/> Yes - Download the form BCS-LCE-020 "Request for Conviction History of Applicant". The form can be downloaded and completed to accompany this application. See www.michigan.gov/communityplanner and select Forms & Publications. The form must be included to avoid delays in processing your application.			<input type="checkbox"/> No
Have you ever had disciplinary action taken against any license, registration, certificate or permit you now hold or have ever held? (Includes but is not limited to final orders, suspension, revocation, denial, cease and desist order, etc.)			
<input type="checkbox"/> Yes - Download the form BCS/LCE-021 "Request for Disciplinary Action Information". The form can be downloaded and completed to accompany this application. See www.michigan.gov/communityplanner and select Forms & Publications. The form must be included to avoid delays in processing your application.			<input type="checkbox"/> No
Are any records about you filed under another name? (A maiden name, for example)			
<input type="checkbox"/> Yes - Give name(s)		<input type="checkbox"/> No	
Have you ever filed another application for registration as a Professional Planner in Michigan?			
<input type="checkbox"/> Yes - Enter Date Here:		<input type="checkbox"/> No	
FEE PAYMENT INFORMATION		FOR OFFICE USE ONLY - VALIDATION	
<input type="checkbox"/> Between July 4 of <u>ODD</u> year through July 3 of <u>EVEN</u> year		\$135.00	2501-01=\$ 35.00 2501-07=\$100.00
<input type="checkbox"/> Between July 4 of <u>EVEN</u> year through July 3 of <u>ODD</u> year		\$85.00	2501-01=\$35.00 2501-07=\$50.00
\$35.00 NON-REFUNDABLE FEE			
Make your check or money order in U.S. Currency payable to:			
STATE OF MICHIGAN			
FEES ARE NOT REFUNDED EXCEPT UNDER AUTHORITY P.A. 152 OF 1979, AS AMENDED AND R338.943 AND R338.944.			

EDUCATION List any post-secondary degrees here and have an official transcript sent from the educational institution directly to our office. Applicants may receive up to 4 years of experience credit for education. See brochure for details.	NAME/LOCATION OF INSTITUTION	DATES FROM/TO	DEGREE	DATE GRANTED
AICP EXAMINATION/REGISTRATION IN ANOTHER STATE OR JURISDICTION All applicants for the Michigan registration must complete the examination administered by the American Institute of Community Planners. List the date of exam and the AICP certificate number here. Also indicate if you are registered in another state or jurisdiction.	EXAM TITLE/REGISTRATION/INFO	ORIG DATE	LICENSE NUMBER	
	AICP Examination			

WORK EXPERIENCE
 All applicants must provide verification of a minimum of 2-years of planning work experience (dependent upon your education background) from 1 planner who has direct knowledge of your work. List your work experience below in reverse chronological order with your present position first. Complete the Applicant Section of the Experience Verification forms for each of the persons listed below. Your references must verify that you have obtained the required amount of satisfactory planning experience. Only verified experience will be accepted. Responsibility for verification of experience lies totally with the applicant. Reference forms enclosed with this application are for distribution to those persons serving as verifying references. Those persons should have sufficient knowledge of the applicant's employment to supply the information requested on the form.

DATES HELD		DESCRIPTION (1) Title of position; (2) Name of employer or firm; (3) Location; (4) Type of work; (5) Degree of responsibility	VERIFYING REFERENCES Give the name of the person(s) to whom will be verifying work experience.

Applicant's Certification:
 I hereby certify that the statements in this application are true and correct. I have not withheld information which might affect the decisions to be made on this application. I am aware that a false statement or dishonest answer may be grounds for denial of my application or disciplinary action against my license, or may be punishable by law. I hereby authorize the Department of Licensing and Regulatory Affairs and its agents to investigate any statements made by me in this application, including checking criminal, civil and administrative records. I further authorize the Department or its agents to examine my books and records at the Department's discretion.

 Applicant's Signature

 Date