

Michigan Department of Labor & Economic Growth
Bureau of Commercial Services
Licensing Division
SKI AREA SAFETY
P.O. Box 30018, Lansing, MI 48909
517-241-9233
www.michigan.gov/commerciallicensing

APPLICATION FOR APPROVAL

PRINT IN INK OR TYPE ALL RESPONSES

WIRE ROPE SPLICER **WIRE ROPE INSPECTOR** (Check one or both)

P.A. 199 of 1962, as amended, Michigan Ski Area Safety Act, R408.76 (Rule 16) requires that splicing of wire ropes be performed by a qualified splicer acceptable to the Board. The ANSI B77.1-1999 standards require regular inspections of the wire rope on ski lifts. The Department requires that persons performing splices and inspections of wire ropes be qualified and approved.

INSTRUCTIONS

1. Complete the application and submit it to the above address.
2. Your application must be accompanied by original, signed reference forms (side two) from at least two individuals who can make a recommendation based upon personal knowledge of your qualifications.
3. Familiarize yourself with the applicable law and rules for ski lifts. If approved, your name will remain on the Department's list of approved splicers and/or inspectors unless you request its removal. NOTE: A **minimum** of 5 years experience is required for Wire Rope Inspectors.

Applicant's Name (Last, First, Middle)	Daytime Telephone Number ()	Evening Telephone Number ()	
Address (Number and Street)	City	State	Zip Code
Employer's Name	Employer's Telephone Number ()		
Employer's Address (Number and Street)	City	State	Zip Code

List Areas and Approximate Date of Wire Rope Splicing Experience: (Attach additional sheets as necessary)

List Employment Record (Wire Rope Related) Beginning With Most Recent; Include Brief Description of Duties:

List and Attach Copies of Certificates Awarded Regarding Wire Rope:

REFERENCES: **See reverse side of this application.** Duplicate it so that two references are submitted to the Department. These individuals should be familiar with your experience, training, character and abilities relative to wire ropes.

AFFIDAVIT OF APPLICANT: I hereby certify that the statements made in this application are true and correct. I have not withheld information that 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 may be punishable by law. I hereby authorize the Department of Labor & Economic Growth and its agents to investigate any statements made by me in this application which may include checking criminal, civil, and administrative records. I further authorize the Department or its agents to contact my references at the Department's discretion.

Signature of Applicant

Date

Reference For: (Name Printed)
Reference Provider: (Name Printed)
Address:
Application For: <input type="checkbox"/> Wire Rope Splicer AND/OR <input type="checkbox"/> Wire Rope Inspector
PERSON PROVIDING REFERENCE, COMPLETE THE FOLLOWING:
1. I have personal knowledge of this applicant's: (check all that apply and provide narrative explanation in space <input type="checkbox"/> experience <input type="checkbox"/> education/training <input type="checkbox"/> qualifications <input type="checkbox"/> abilities <input type="checkbox"/> other (explain below)
2. My qualifications which enable by determination of the above are:
3. I personally observed the applicant engaged in the following activities (provide approximate dates, description of duties performed, and other

Signature