



www.niulpe.org

Application

Part 1

Use Black or Blue Ink only
Print or Type

NIULPE ID # _____

DO NOT STAPLE PAYMENT TO APPLICATION

Form with sections: A.) APPLICANT'S INFORMATION, B.) EMPLOYMENT RECORD (Current Employer), C.) EMPLOYMENT RECORD (Relevant Experience), D.) EDUCATION. Includes fields for name, address, contact info, employment details, and education.

E.) MILITARY SERVICE

33.) Branch	34.) Rank at Discharge	35.) Years Served	36.) Date of Discharge	37.) Military Specialty
38.) List any trade related Duties				

F.) EMPLOYER'S VOUCHER (If not currently employed use previous employer)

The above applicant is / was in my employ and have found and believe him / her to be of good moral character, of temperate and industrial habits, and in all respects competent to perform the duties of the certification applied for.

39.) Company	40.) Name (Print)	41.) Years Employed
42.) Company Address, (Number & Street)		43.) Title
44.) Company, (City, State, Zip+4)		45.) Phone # (with area code)
46.) email address		47.) Signature

G.) TRADE VOUCHER # 1

I, the undersigned do certify from my working knowledge of the applicant, that he/she is a person of temperate habits and of good character, and do recommend him/her as a suitable person to be entrusted with the duties of the occupation for which he/she makes application. I also attest that he/she has gained the required experience as contained in his/her application.

48.) Name	49.) Trade License or Certification #	50.) Issuing Agency
51.) Address, (Number & Street)		52.) Years held Trade Lic or Cert
54.) City, St, Zip+4		53.) Years worked with applicant.
56.) email address		55.) Phone # (with area code)
57.) Signature		

H.) TRADE VOUCHER # 2

I, the undersigned do certify from my working knowledge of the applicant, that he/she is a person of temperate habits and of good character, and do recommend him/her as a suitable person to be entrusted with the duties of the occupation for which he/she makes application. I also attest that he/she has gained the required experience as contained in his/her application.

58.) Name	59.) Trade License or Certification #	60.) Issuing Agency
61.) Address, (Number & Street)		62.) Years held Trade Lic or Cert
64.) City, St, Zip		63.) Years worked with applicant.
66.) email address		65.) Phone # (with area code)
67.) Signature		

J.) APPLICANT'S RELEASE

NIULPE, Inc. periodically forwards updates from trade and training organizations to our certificate holders. It is our policy not to send this information unless we have the consent of the individual to do so. Please refer to our "Regulations and Procedures" for our Privacy Policy.

Please initial your selection

66.) Do you wish to receive information from training and trade related organizations? _____ YES _____ NO

K.) APPLICANT'S CERTIFICATION

I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statements herein I am subject to the possible revocation of any certification issued as a result of my false application, and such other penalties as may be prescribed by law. I also hereby acknowledge this day that I understand that this may be a voluntary certification program, and that I have received notice of the NIULPE, Inc. Regulations and Procedures, and understand and accept the items contained within.

Applicant's Signature _____

Date _____

NIULPE, INC. use Only

Exam Class of Exam: _____

Approved: Yes No

If not approved, list Qualified Class: _____

Reciprocity Comity

Approved: Yes No

Class approved: _____

Re-Classification Class of Exam: _____

Current Class: _____ Date Certified: _____

Approved: Yes No

If not approved, list Qualified Class: _____

Examiners Signature: _____ Examiner ID# _____ Date: _____



NIULPE of Michigan

Application **Part 2**

PO Box 2043 • Kalamazoo, MI 49003 • Phone (269) 998-4163 • info@niulpeofmi.org

L.) NAME/SOCIAL SEC.#

68.) Name, (Last, First, MI)	69.) Social Security #
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M.) ADDRESS/PHONE

70.) Address (Number & Street)	71.) Phone # (with area code)
72.) City, State, Zip Code	

Check one Type

N.) CERTIFICATION TYPE

	App Fee	Exam Fee	Total
<input type="checkbox"/> Examination	\$50.00	\$50.00	\$100.00
<input type="checkbox"/> Re-Examination		\$50.00	\$50.00
<input type="checkbox"/> Online Exam	\$50.00	\$70.00	\$120.00
<input type="checkbox"/> Online Re-Exam		\$70.00	\$70.00
	App Fee	Cert Fee	
<input type="checkbox"/> Reciprocity/Comity	\$50.00	\$50.00	\$100.00

O.) Examination Number

Send Payment with Application to:

NIULPE of Michigan
PO Box 2043 Kalamazoo, MI 49003

Q.) EXAM LOCATION/DATE

Exam Location: _____

Exam Date: _____

Time: _____

DO NOT WRITE BELOW THIS LINE

EXAM REGISTRATION

Date Rec'd: _____

Paid: \$ _____

Check # _____

MO # _____

Class of Exam: _____

Exam Code: _____

Proctor ID: _____