

**2012 Plumbing Code Update Course Certificate of Completion**

Michigan Department of Licensing and Regulatory Affairs

Bureau of Construction Codes / Plumbing Division

P.O. Box 30254, Lansing, MI 48909

517-241-9330

Authority: 2002 PA 733

**Instructions:**

**Course Provider:** Complete Course Provider information including course approval number (classes shall have been previously approved and assigned an approval number by the Plumbing Division). Complete the student information accurately in its entirety with the correct, current license number.

**Instructor:** Sign Certificate of Completion upon course completion. Retain a copy for your records and provide this to the student at the program's completion.

**Course Provider**

APPLICANT NAME / CONTACT PERSON		COURSE APPROVAL NUMBER <b>P-</b>
ADDRESS		
CITY	STATE	ZIP CODE
COURSE LOCATION		
CLASS DATE		

**Student Information**

NAME (Last Name, First Name, Middle Initial)		CURRENT JOURNEY OR MASTER PLUMBER LICENSE NO.
ADDRESS		
CITY	STATE	ZIP CODE

**Signature**

INSTRUCTOR'S SIGNATURE	DATE
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