

Education and Training Program Approval Application
Michigan Department of Energy, Labor & Economic Growth
Bureau of Construction Codes / Building Division
P.O. Box 30255, Lansing, MI 48909
517-241-9347
www.michigan.gov/bcc

147

Agency Use Only	
PROGRAM APPROVAL NUMBER	
Authority: 1986 PA 54 Completion: Mandatory Penalty: Program will not be approved	DELEG is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Act 54 of 1986 and the Building Official, Plan Reviewers, and Inspector Registration Rules requires the Construction Code Commission to review and approve educational and training programs offered to building officials, plan reviewers and inspectors to meet their continuing educational and training requirements as defined by the Act. Providers of educational and training programs shall complete this form and submit it to the address listed above with the required fee.

Instructors - In order to provide adequate time for review of a proposed program, **the application must be submitted at least 60 days prior to presentation of the program.** Please take care to complete the application thoroughly and provide all requested information. Questions regarding completion of this form may be directed to bureau staff at 517-241-9347.

Approval is evidenced by a program approval report prepared by the bureau and issued to the applicant. This will include the date, conditions and period of approval. Approval is typically granted for the three year registration cycle, or the remainder of the cycle.

Fee: The fee for **each program** is **\$150.00**. Make check or money order payable to the **State of Michigan**.

Applicant Information (The name of the contact person provided below is the individual who may be contacted regarding the program. This person's name will appear on material distributed to registrants. If the application is made by an organization, association or educational institution, please include the contact person.)

CONTACT PERSON				FEDERAL ID NUMBER OR SOCIAL SECURITY NUMBER*	
Roger Mullennix				38-2653675	
ORGANIZATION / ASSOCIATION / EDUCATIONAL INSTITUTION (If applicable)				TELEPHONE NUMBER (Include Area Code)	
MIAM				(248) 649-5443	
ADDRESS	CITY	STATE	ZIP CODE	E-MAIL ADDRESS	
3221 W. Big Beaver Rd, #305	Troy	MI	48084	mechinspect@smacnad.org	

Program Information

1.	<input checked="" type="checkbox"/> New Program (Complete application in its entirety) <input type="checkbox"/> Renewal Application - If your program is identical to a program you have already received approval for, you need only complete the following: Section 1 above, BCC Program Number, Page 2, Sections 3 and 4 on Page 3. Approved BCC Program Number _____
Program Name - Provide the name of the program as you wish it listed. (A separate application is required for each program. List one program name only.) Polypropylene Combustion Gas Venting and Codes	
2.	Attach a copy of the curriculum or teaching outline to the application. The application cannot be processed without a thorough curriculum or outline. (Not required if program is exact renewal of previous cycle) Program Purpose and Objective - A clearly defined statement of purpose and objective as it applies to Act 54 registered code officials must be provided. See outline

*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

Program Information (continued)

Provide the basis, code or standards used for the development of the program.

MMC 2012, Chap 4, NFPA 54

Training equipment, teaching aids or instructional materials to be used.

Power Point, Handouts

Is this program a home study course? (i.e., video tape, audio cassettes or correspondence course) ☐ Yes ☒ No

Will this program be offered on a continual basis? ☐ Yes ☐ No

Is the program intended for a particular conference or seminar and offered only on a specific date? ☐ Yes ☐ No

If yes, provide the conference/seminar, location and date.

CONFERENCE/SEMINAR _____

LOCATION _____

DATE OF CONFERENCE/SEMINAR _____

Identify the category/ies this program is designed to meet. If the program is Specialty or Technical, include the code inspector/ official classification the program is intended for. (Note: If the program is designed to include more than one category, the curriculum or teaching outline must include the category identification by topic.) **Participants must attend the entire program to receive credit. Partial credits will not be given.**

☐ **Administration** - Programs designed to enhance an applicant's understanding of laws, rules and the administration and enforcement of related statutes and regulations.

Contact Hours - Provide the number of contact hours required to conduct the program.
Contact hours must be provided as *full* hours. _____ Hours

☐ **Communication** - Programs designed to enhance an applicant's communication skills with the public and may include technical writing, public speaking, working with people and other similar topics.

Contact Hours - Provide the number of contact hours required to conduct the program.
Contact hours must be provided as *full* hours. _____ Hours

☒ **Specialty** - Programs designed to increase an applicant's knowledge of inspection and construction techniques in the various classifications.

Code Inspector/Official Classification Mechanical

Contact Hours - Provide the number of contact hours required to conduct the program.
Contact hours must be provided as *full* hours. 3 Hours

☐ **Technical** - Programs designed to discuss technical code provisions.

Code Inspector/Official Classification _____

Identify the code on which the program is based _____

(Technical hours are credited according to the code on which the program is based. Only those registered as enforcing those codes receive credit for attendance. If the program is designed to encompass more than one code, i.e., building, electrical, mechanical or plumbing, this must be shown in your curriculum or teaching outline.)

Contact Hours - Provide the number of contact hours required to conduct the program.
Contact hours must be provided as *full* hours. _____ Hours

☐ **Plan Review** - Programs designed to enhance an applicant's knowledge of examining construction documents to determine compliance with applicable codes.

Contact Hours - Provide the number of contact hours required to conduct the program.
Contact hours must be provided as *full* hours. _____ Hours

Program Information (continued)

Identify the criteria or performance measurement to determine participants who successfully complete the program.

Participation and open discussion is encouraged.

Identify the process for reporting participant names, registration numbers and verification of successful program completion to the Bureau of Construction Codes.

2. ☐ BCC Program Attendance Rosters (originals only)

☒ Other Participants names and registration numbers will be scanned in and out.

The rules require that you establish permanent records of student activities, including course titles, student attendance and course evaluation criteria. Identify by whom and where those records will be maintained.

MIAM
3221 W. Big Beaver Road, Suite 305
Troy, MI 48084

Instructor Information *(The instructors of educational and training programs must be approved by the Construction Code Commission. If the instructor(s) identified below does not have an instructor identification number issued by the Bureau, the instructor(s) must submit an application for instructor approval before the program application may be processed.)*

Name of Instructor Roger Mullennix

BCC Instructor Approval Number 1909

(Instructor Approval Application must be attached if the instructor identified above does not have a current approval number)

3.

Name of Instructor _____

BCC Instructor Approval Number _____

(Instructor Approval Application must be attached if the instructor identified above does not have a current approval number)

Certification and Signature

4. I hereby certify all information contained in this application is true and complete. If this application is a renewal I certify the program is identical to my previously approved program submission. Falsification of this statement will result in my forfeiting any rights to continue to conduct this 1986 PA 54 educational and training program.

APPLICANT'S SIGNATURE

Roger Mullennix

DATE

Mar 3 2015

Roger Mullennix, Instructor # 1909

Polypropylene Combustion Gas Venting and Codes 3 Credit Specialty

Codes: MMC 2012, Chapter 4, NFPA 54

Polypropylene Venting: Benefits, Installation and Applications

- Superiority of Polypropylene over PVC – 15 min
- UL-1738 and why it is important – 15 min
- Single Wall Residential and Commercial – 15 min
- Flexible venting – 15 min
- Concentric venting – 15 min
- What to look for when inspecting: Typical venting mistakes, do's and don'ts of polypropylene venting – 15 min

The Dangers of PVC Venting: Why using unlisted vent materials is risky business

- PVC industry's stance on using PVC for combustion gas venting – 15 min
- Dangers of venting with PVC – 15 min
- Failures of PVC on high efficiency appliances – 15 min

Venting Code Changes in The U.S.

- NYC code change – 15 min
- Proposed changes in other states – 15 min
- ICC, NFPA 54 and The Authority Having Jurisdiction – 15 min

Q&A Session

Mr. Roger Mullennix
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Program Approval Number: 17915
Class Title: Polypropylene Combustion Gas Venting and Codes (CR)
Class Category: Specialty
Registration Category: MI or registrants with ONLY BO/PR, but no inspector registration
Hours Approved: 03

ORIGINAL ROSTERS MUST BE SUBMITTED BY THE PROGRAM PROVIDER/INSTRUCTOR.

ALL PARTICIPANTS MUST ATTEND THE ENTIRE PROGRAM TO RECEIVE CREDIT.

If you have any questions please contact our office at (517) 241-9317.

Sincerely,

Karen J. Allen

Karen J. Allen
Building Division

KJA/kja

Enclosure