



**Board for Contractors
 CERTIFIED ACCESSIBILITY MECHANICS APPLICATION**

A check or money order payable to the TREASURER OF VIRGINIA,
 or a completed credit card insert must be mailed with your application package.
APPLICATION FEES ARE NOT REFUNDABLE.

Select the one method you are requesting for licensure:

X	Trans	License by:	Fee
<input type="checkbox"/>	1005	Exam Eligibility	\$130.00
<input type="checkbox"/>	1023	Board Equivalence	\$130.00

1. Name _____
Last First Middle Generation

2. Provide one of the following identification numbers.
 Social Security Number or Virginia DMV Control Number * - -
 * State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

3. Date of Birth _____ (Must be at least 18 years of age.)
MM/DD/YYYY

4. Mailing Address (PO Box accepted) _____
 If a mailing address is submitted, the mailing address will be printed on the license.
City State Zip Code

5. Street Address (PO Box not accepted) _____
PHYSICAL ADDRESS REQUIRED
 Check here if Street Address is the same as the Mailing Address listed above.
City State Zip Code

6. Email Address _____

7. Contact Numbers _____
Primary Telephone Alternate Telephone Fax

8. Do you hold a current or expired license, certification or registration with the Board for Contractors or with the Department of Professional and Occupational Regulation?
 No
 Yes If yes, provide the following license information:

Virginia License No. Expiration Date _____

9. Employer's Virginia Contractor's License No. (if available)
 Employer's Name _____
 Employer's Street Address _____
City State Zip Code

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
					2720	

10. Do you hold a current **accessibility mechanic** license, certification or registration issued by any (excluding Virginia) local, state or national regulatory body? This information may be used to qualify you for the examination.

No

Yes If yes, complete the following table and attach a copy of each Certification of Licensure/Letter of Good Standing* if you want this to be used to qualify you for the exam.

State/Jurisdiction	License, Certification or Registration Number	Expiration Date

* Certifications of Licensure/Letter of Good Standing, prepared by the state board or regulatory body must include: 1) the license/certification/registration number; 2) the initial date of licensure; 3) the expiration date of the license; 4) *the means of obtaining licensure (i.e. exam, reciprocity, etc.); and 5) all closed disciplinary actions resulting in a violation or undetermined finding.*

11. Which of the following requirements have you met in order to qualify for the **accessibility mechanic** certification? Select only one.

Three years of practical experience in the construction, installation, maintenance, service/repair and testing of wheelchair lifts, incline chairlifts, dumbwaiters, residential elevators, or related conveyances and 80 hours of formal vocational training. Board approved training providers listed at www.dpor.virginia.gov.

Required Attachment: *Attach a completed Tradesman Experience Verification Form and an official school transcript or certificate(s) indicating successful completion of training hours.*

Five years of practical experience in the construction, installation, maintenance, service/repair and testing of wheelchair lifts, incline chairlifts, dumbwaiters, residential elevators, or related conveyances and 60 hours of formal vocational training. Board approved training providers listed at www.dpor.virginia.gov.

Required Attachment: *Attach a completed Tradesman Experience Verification Form and an official school transcript or certificate(s) indicating successful completion of training hours.*

Six years of practical experience in the construction, installation, maintenance, service/repair and testing of wheelchair lifts, incline chairlifts, dumbwaiters, residential elevators, or related conveyances and 40 hours of formal vocational training. Board approved training providers listed at www.dpor.virginia.gov.

Required Attachment: *Attach a completed Tradesman Experience Verification Form and an official school transcript or certificate(s) indicating successful completion of training hours.*

Seven years of practical experience in the construction, maintenance, service/repair and testing of wheelchair lifts, incline chairlifts, dumbwaiters, residential elevators, or related conveyances and 20 hours of formal vocational training. Board approved training providers listed at www.dpor.virginia.gov.

Required Attachment: *Attach a completed Tradesman Experience Verification Form and an official school transcript or certificate(s) indicating successful completion of training hours.*

Three years of practical experience in the construction, installation, maintenance, and service/repair and testing of wheelchair lifts, incline chairlifts, dumbwaiters, residential elevators, or related conveyances and a certificate of completion of the elevator mechanic examination of a training program determined to be equivalent of the requirements established by the Board for Contractors. Board approved list provided at www.dpor.virginia.gov.

Required Attachment: *Attach a completed Tradesman Experience Verification Form and an official school transcript or certificate(s) indicating successful completion of training hours.*

Successful completion of an elevator mechanic apprenticeship program that is approved by the Virginia Apprenticeship Council or registered with the Bureau of Apprenticeship and Training, the U.S. Department of Labor.

Required Attachment: *Attach a completed Apprenticeship Action Form or other official documentation of completion.*

12. Have you ever been subject to a disciplinary action taken by any (including Virginia) local, state or national regulatory body?

No

Yes If yes, provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision.

13. A. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of **any misdemeanor**? *Any plea of nolo contendere shall be considered a conviction.*

No

Yes If yes, list the **misdemeanor** conviction(s). Attach your original criminal history record* and any other information you wish to have considered with this application (i.e., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation; etc.). If necessary, you may attach a separate sheet of paper.

B. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of **any felony**? *Any plea of nolo contendere shall be considered a conviction.*

No

Yes If yes, list the **felony** conviction(s). Attach your original criminal history record* and any other information you wish to have considered with this application (i.e., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation; etc.). If necessary, you may attach a separate sheet of paper.

* Original criminal history record may be obtained by contacting the Virginia State police. Applicants with convictions from other jurisdictions, other than Virginia must provide an original official criminal history record from each state/jurisdiction in which they have been convicted. Virginia residents may request complete criminal records from the Virginia State Police at www.vsp.virginia.gov or by phone at 804-674-6718.

Note: *If you have submitted the required documentation to the Virginia Board for Contractors with a previous licensure application, which resulted in the issuance of a Tradesman or Contractors License, and you do not have any additional felony or misdemeanor convictions, you do not have to submit the information listed above.*

Instead, you must submit a document included with this application that includes 1) Tradesman or Contractors License Number(s) which were issued following the Board's review of the same criminal conviction documents; 2) a statement that you have not been convicted of any additional felonies and misdemeanors, 3) the date, and 4) your signature.

By signing this application, you acknowledge that if you are not a Virginia resident, or move outside of Virginia while you hold a Virginia Contractors Individual License, you understand that this application serves as a written power of attorney, whereby you appoint the Director of the Department of Professional and Occupational Regulation, and his/her successors in office, to be your true and lawful agency and attorney-in-fact, in your stead, upon whom all legal process against and notice to you may be served and who is hereby authorized to enter an appearance on your behalf in any case or proceedings arising out of the trade or profession practiced; and that by submitting this application, you hereby agree that any lawful process against you which is duly served on said agent and attorney-in-fact shall be of the same legal force and validity as if served upon you.

18-VAC-50-30-30.7 of the *Board for Contractors Individual License and Certification Regulations* states, "Each non-resident applicant for a license or certificate shall file and maintain with the department an irrevocable consent for the department to serve as service agent for all actions filed in any court in this Commonwealth. In those instances where service is required, the director of the department will mail the court document to the individual at the address of record."

14. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I certify that I will notify the Department if I am subject to any disciplinary action; or convicted of any felony or misdemeanor (in any jurisdiction) prior to the receipt of the requested license. I also certify that I understand, and have complied with, all the laws of Virginia related to contractor licensure under the provisions of Title 54.1, Chapter 11 of the *Code of Virginia*, and the *Board for Contractors Individual License and Certification Regulations*.

Print Name _____

Signature _____ Date _____