Commonwealth of Virginia Department of Professional and Occupational Regulation 9960 Mayland Drive, Suite 400 Richmond, Virginia 23233-1485 (804) 367-8511 www.dpor.virginia.gov



Board for Contractors TEMPORARY CERTIFIED ELEVATOR MECHANIC APPLICATION/RENEWAL

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

Select one the of following:

Х	Method of Licensure	Fee	Trans
	Initial/New Temporary Elevator Mechanic Certification	\$50.00	1020
	Renew Temporary Elevator Mechanic Certification	\$25.00	2020

- This temporary certification is valid for <u>no more than</u> 45 days from the date of issuance, provided the temporary certification holder continues to be employed by the licensed contractor.
 - > Applications for renewal must be submitted on or before the certification expiration date.
- 1. Full Legal Name (As it appears on your government issued ID or other legal documentation.)

	Last (required)		First	(required)		Middle						Generation
	Required Docu	mentation: Pro	vide a copy of y	our government iss	ued ID. Copy	/ must be	legib	le.				
2.	Provide at leas	st <u>one</u> of the fc	ollowing identif	ication numbers*:								
		ecurity Number	•		-		- [Τ	\square		
	<u> </u>	DMV Control Nu	umber									
				amination, previous appli								
	* 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 <u>Virginia</u> Department of Motor Vehicles.											
3.	Date of Birth		· · ·	ust be at least 18 yea	ars of age)							
		MM/DD/Y	YYY									
4.	Maiden or Forn	ner Name(s)										
5.	Mailing Addres	•	. ,									
		ng address will be										
	printed on	n the certification.		City						State		Zip Code
6.	Street Address	, (PO Box <u>not</u>	accepted)	Check here if St	treet Address is	the <u>same</u> a	is the N	lailing	Addres	s listed a	above.	
•	PHYSICAI	L ADDRESS REC	QUIRED									
				City						State		Zip Code
7.	Contact Number	ers										
2			Primary Telepho	ne	Alternate 1	Telephone					Fax	
8.	Email Address			· · · · · · · · · · · · · · · · · · ·								
BOARD USE ONLY	ETS		Email address i	is considered a public	record and wil	II be discic	osed u	pon re	quest	from a t	third pa	irty.
OFFICE	DATE	FEE	TRANS CODE	ENTITY #	1	FILE	#/LICEN	SE #				ISSUE DATE
USE ONLY					2716							

9.	Employer's Name
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	Employer's Virginia Contractor's License No. 2 7							
	Employer's Street Address							
	City State Zip Code							
10.	Do you hold a <u>current</u> Temporary Elevator Mechanic Certification issued by the Department of Professional and Occupational Regulation? (Expired certifications do not qualify for renewal) No Yes If yes, provide your Temporary Elevator Mechanic Certification number, then skip to question #13. Temporary Certification Number 2 7 Expiration Date							
11.	Do you have both a minimum of two years of practical experience in construction, maintenance, and service repair of elevators, escalators, or related conveyances and 144 hours of formal vocational training? No If no, you do not qualify for a temporary elevator mechanic certification. Yes							
12.	 Do you hold a <u>current</u> Elevator Mechanic license, certification, or registration issued by any (outside of Virginia) state or territory of the United States? No Yes If yes, complete the following table and attach an original Certification of Licensure/Letter of Good Standing[•] for each State. 							
	State/Jurisdiction Examination Yes (Y) or No (N) Examination Date (if applicable) License, Certification or Registration No. 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 or renewal fee; 4) the means of obtaining licensure (i.e. exam, reciprocity, etc.) and 5) all closed disciplinary actions resulting in a violation or undetermined finding. 							
13.	Have you ever been subject to a <u>disciplinary action</u> taken by <u>any</u> (including Virginia) local, state or national regulatory body? No Yes If yes, complete the <u>Disciplinary Action Reporting Form</u> .							
14.	 A. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any <u>felony</u>? Any plea of nolo contendere shall be considered a conviction. No Yes If yes, complete the <u>Criminal Conviction Reporting Form.</u> 							
	 B. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any <u>non-marijuana misdemeanor</u>? No Yes If yes, complete the <u>Criminal Conviction Reporting Form.</u> 							

- 15. By signing this application, I certify the following statements:
 - I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
 - I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction).
 - I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the department may contact. I also agree to present any credentials or documents required or requested by the Department.
 - I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
 - I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 11 of the Code of Virginia, and the Board for Contractors Individual License and Certification Regulations.

Signature			Date	

To be completed by the licensed Contractor overseeing the Temporary Elevator Mechanic Certification holder:

A. Full Legal Name (As it appears on your government issued ID or other legal documentation.)

Last (required)	First (require	ed)			 Middle	•		Generation
Virginia Contractor's License No.	2	7]	

C. Describe the action(s) that have been taken to demonstrate a shortage of licensed Elevator Mechanics that necessitate this applicant to receive a Temporary Elevator Mechanic Certification or renewal of a Temporary Elevator Mechanic Certification (pursuant to 18VAC50-30-43).

I hereby attest that, after due diligence, I am unable to find an Elevator Mechanic from the list of Elevator Mechanics maintained by the Board to perform elevator work. I request that the Board issue a temporary Elevator Mechanic certification to this applicant. I certify that the above information in this application is true and complete, and the applicant will comply with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 11 of the *Code of Virginia, and the Board for Contractors Individual License and Certification Regulations*.

Licensed Contractor Signature

Date

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