

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	\$150.00
<input type="checkbox"/>	1023	Board Equivalence	\$150.00

- Provide a **current or previously** issued license by Department of Professional and Occupational Regulation or the Virginia Board for Contractors - (if applicable)

Virginia License Number

2	7								
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 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 Documentation: Provide a copy of your government issued ID. Copy must be legible.

2. Provide at least one of the following identification numbers*:

☐ **Social Security Number** and/or

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☐ **Virginia DMV Control Number**

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➤ Enter the same identification number as used on examination, previous applications or licenses on file with the department.

* 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. Maiden or Former Name(s) _____

5. Mailing Address (PO Box accepted)

The mailing address will be
printed on the license.

City State Zip Code

6. Street Address (PO Box not accepted) ☐ Check here if Street Address is the same as the Mailing Address listed above.

PHYSICAL ADDRESS REQUIRED

City State Zip Code

7. Contact Numbers _____
Primary Telephone Alternate Telephone Fax

8. Email Address _____

Email address is considered a public record and will be disclosed upon request from a third party.

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

9. Employer's Name _____

Employer's Virginia Contractor's License No. (if available)

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Employer's Street Address _____

City _____

State _____

Zip Code _____

10. 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 *Individual Experience Verification Form* and an official school transcript or certificate(s) indicating successful completion of training hours.

- ☐ Four 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 *Individual 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 40 hours of formal vocational training. Board approved training providers listed at www.dpor.virginia.gov.

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

- ☐ Six or more 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 20 hours of formal vocational training. Board approved training providers listed at www.dpor.virginia.gov.

Required Attachment: Attach a completed *Individual 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 *Individual 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.

11. Do you hold a **current accessibility mechanic** license, certification or registration issued by any (outside of Virginia) state or territory of the United States? This may be used to qualify you for the Virginia examination.

No ☐

Yes ☐ If yes, complete the following table and attach an original Certification of Licensure/Letter of Good Standing♦if you want this to be used to qualify you for the exam.

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.

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, complete the [Disciplinary Action Reporting Form](#).
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 **felony**?
- No ☐
- Yes ☐ If yes, complete the [Criminal Conviction Reporting Form](#).
- B. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any non-marijuana **misdemeanor**?
- No ☐
- Yes ☐ If yes, complete the [Criminal Conviction Reporting Form](#).

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.

14. 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 *Virginia Board for Contractors Individual License and Certification Regulations*.

Signature _____ Date _____