

**Board for Contractors  
 CERTIFIED ACCESSIBILITY MECHANICS  
 LIMITED USE/LIMITED APPLICATION (LULA) ENDORSEMENT 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"/>	5005	Exam Eligibility	\$90.00
<input type="checkbox"/>	5021	Board Equivalence	\$90.00

➤ Do you hold a current accessibility mechanic certification issued by the Board for Contractors?

No  If no, you do not qualify for this endorsement.

Yes  If yes, provide the following certification information:

Virginia Certification No.                      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  -  -

**Virginia DMV Control Number**

➤ 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 \_\_\_\_\_

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

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.

9. Which of the following requirements have you met in order to qualify for the **accessibility mechanic limited use/limited application (LULA) endorsement certification**? Select only **one**.

- One year of practical experience in the construction, installation, maintenance, service/repair and testing of limited use/limited application elevators, and completion of a vocational education program approved by the board.

**Required Attachments:** Attach a completed *Individual Experience Verification Form* and an official school transcript or certificate(s) indicating successful completion of vocational education program.

- One year of practical experience in the construction, installation, maintenance, service/repair and testing of limited use/limited application elevators, completion of a vocational education program approved by the board and satisfactorily completed a limited use/limited application elevator training program determined to be equivalent to the requirements established by the board.

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

10. 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](#).

11. 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**? *Any plea of nolo contendere shall be considered a conviction.*

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 **misdemeanor**? *Any plea of nolo contendere shall be considered a conviction.*

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.

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."

12. 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 \_\_\_\_\_

DRAFT NOV 2024