

Board for Contractors

TEMPORARY CERTIFIED ELEVATOR MECHANIC APPLICATION/RENEWAL

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 one the of following:

x	Method of Licensure	Fee	Trans
<input type="checkbox"/>	Initial/New Temporary Elevator Mechanic Certification	\$50.00	1020
<input type="checkbox"/>	Renew Temporary Elevator Mechanic Certification	\$25.00	2020

- This temporary certification is valid for **no more than** 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 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 certification.

_____ 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					
					2716						

9. Employer's Name _____
 Employer's Virginia Contractor's License No.

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 Employer's Street Address _____

 City State Zip Code

10. Do you hold a **current** 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

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 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 **current** 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 **disciplinary action** taken by any (including Virginia) local, state or national regulatory body?

No
 Yes If yes, complete the [Disciplinary Action Reporting Form](#).

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 **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 **non-marijuana misdemeanor**?

No
 Yes If yes, complete the [Criminal Conviction Reporting Form](#).

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 (required) Middle Generation

- B. Virginia Contractor's License No.

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- 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 _____