



STATE OF MARYLAND
DEPARTMENT OF LABOR
ELEVATOR SAFETY REVIEW BOARD
100 SOUTH CHARLES STREET, TOWER 1
BALTIMORE, MD 21201
FAX: 410-244-0977
TTY USERS CALL MARYLAND RELAY SERVICE
E-MAIL: dloplelevsafetyreview-labor@maryland.gov

| FOR OFFICE USE ONLY | |
|---------------------|-------|
| Date received: | _____ |
| Approved: | _____ |
| Denied: | _____ |
| Reason: | _____ |
| Reg. No. | _____ |

APPLICATION FOR ELEVATOR MECHANIC LICENSE

| 1. APPLICANT INFORMATION | | | | |
|--|-------------------------------|--------------------------|------------------|------------------------|
| Last Name | First and Middle Name | Date of Birth (MM/DD/YY) | Birth City/State | Social Security No. |
| Residence address (street, city, state, and zip code) | | | Home () - | Work () - |
| County | Time in the Elevator Trade | E-mail address | Fax () - | Cell or Other () - |
| 2. APPLICATION LICENSE & FEE | | | | |
| Upon Board approval, you must submit a \$25 non-refundable application fee and a \$175 licensing fee. Please make your check or money order payable to the Elevator Safety Review Board Fund. Do not send your payment with this application. | | | | |
| 3. PROOF OF ELIGIBILITY | | | | |
| You, the applicant, must have one of the following qualifications to apply for your elevator mechanic license. Provide documentation for the following options (Check one): | | | | |
| <input type="checkbox"/> OPTION 1: You have an acceptable combination of documented experience and education completed at least 3 years of recent and active work experience in the elevator industry, in construction, maintenance, and service or repair, as verified by current and previous employers. I have enclosed <i>copies of my W2 forms or other forms acceptable to the Board and employment verification form (s)</i> . You wish to take the written examination administered by the Board on the Safety Code; or | | | | |
| <input type="checkbox"/> OPTION 2: You have completed at least 3 years of recent and active work experience in the elevator industry, in construction, maintenance, and service or repair, as verified by current and previous employers. You have a certificate of completion of the mechanic examination of a nationally recognized training program for the elevator industry such as the National Elevator Industry Educational Program or its equivalent. I have enclosed <i>copies of my W2 form and employment verification form (s) and a copy of the certificate of completion of the program</i> ; or | | | | |
| <input type="checkbox"/> OPTION 3: You have a certificate of completion of an apprenticeship program for elevator mechanics that has standards substantially equivalent to and is registered with the Bureau of Apprenticeship and Training of the U.S. Department of Labor or a state apprenticeship council. I have enclosed <i>a copy of the certificate of completion of the program</i> . | | | | |
| OR Provide documentation showing completion of the following (Check one): | | | | |
| <input type="checkbox"/> You have successfully completed the NAEC Certified Elevator Technician (CET) Exam. | | | | |
| <input type="checkbox"/> You have successfully completed the NEIEP Elevator Mechanics Exam. | | | | |
| 4. BACKGROUND INFORMATION | | | | |
| 1. Have you ever been convicted of a felony or misdemeanor in any State or Federal Court? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 2. Have you ever had this license denied, suspended, or revoked by Maryland or any other State? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If your answer is "YES" to any of the above questions, please provide details on a separate sheet of paper and a true test copy with this application. Failure to provide this information may result in the refusal of the Board to issue you a license. | | | | |
| 5. CERTIFICATION | | | | |
| I hereby certify, under penalty, that all information contained herein is true and correct to the best of my knowledge, information, and belief. I further authorize the release of any information contained within this application to an authorized representative of the Department of Labor for further investigation. I further certify that I have paid all undisputed taxes and unemployment insurance contributions payable to the Comptroller or the Department of Labor or have provided for payment in a manner satisfactory to the unit responsible for collection. | | | | |
| Signature | | | Date (MM/DD/YY) | |