



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: dloplevsaftyreview-labor@maryland.gov

FOR OFFICE USE ONLY	
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Approved:	_____
Denied:	_____
Reg. No.	_____

ELEVATOR MECHANIC EMPLOYMENT VERIFICATION FORM

APPLICANT: Employer must verify your work experience. Include copies of W2 Forms or other Forms. Duplicate form as needed.
EMPLOYER: Please complete and return promptly to expedite application process. This form is provided to you so you may verify the applicant's work experience as an elevator mechanic. Only the original signed certification will be accepted.

1. APPLICANT INFORMATION			
Last Name	First and Middle Name	Title	Social Security No.
Name of organization		Verifier Name/Title	Email address
Business address (street address, city, state, and zip code)		Business () -	Fax () -
Is this company still in business? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you or did you supervise the applicant directly? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. EMPLOYER CERTIFICATION			
I hereby certify under penalty of perjury that the applicant is/was employed by this firm from _____ / _____ to _____ / _____ or _____ / _____ to Present.			
MM YYYY MM YYYY			
Signature: _____		Date: _____	
3. JOB DESCRIPTION (TO BE COMPLETED BY EMPLOYER)			
Experience must be related to erecting, constructing, wiring, altering, replacing, maintaining, repairing, and dismantling or servicing elevator units in the elevator industry. Please describe any special skills, training or other qualifications of the applicant.			
4. APPLICANT 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)	