



Board for Contractors
CERTIFIED ELEVATOR MECHANIC APPLICATION
 Fee \$130.00

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:

<input checked="" type="checkbox"/>	License by:
<input type="checkbox"/>	Exam Eligibility (1005)
<input type="checkbox"/>	Board Equivalence (1023)

- 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

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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

BOARD USE ONLY	ETS						
OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE	
					2718		

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. 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 a certified elevator mechanic examination? Select only **one**.

Three years of practical experience in the construction, maintenance, and service/repair of elevators, escalators, or related conveyances and 144 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, maintenance, and service/repair of elevators, escalators, or related conveyances and 104 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 years of practical experience in the construction, maintenance, and service/repair of elevators, escalators, or related conveyances and 64 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.

Seven or more years of practical experience in the construction, maintenance, and service/repair of elevators, escalators, or related conveyances and 24 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, maintenance, and service/repair of elevators, escalators, 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 elevator 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

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**? *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](#).

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 _____