

## 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"/>	<b>Initial/New</b> Temporary Elevator Mechanic Certification	\$50.00	1020
<input type="checkbox"/>	<b>Renew</b> 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

$$30 - 20 = 10$$
☐ **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
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8. Email Address

Email address is considered a public record and will be disclosed upon request from a third party.

BOARD USE ONLY	ETS	Email address is considered a public record and will be disclosed upon request from a third party.				
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](#).

- Signature \_\_\_\_\_ Date \_\_\_\_\_

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).

[illegible]

Licensed Contractor Signature \_\_\_\_\_ Date \_\_\_\_\_