Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-8511
www.dpor.virginia.gov



Board for Contractors CERTIFIED ACCESSIBILITY MECHANICS LIMITED USE/LIMITED APPLICATION (LULA) ENDORSEMENT APPLICATION

A check or money order payable to the <u>TREASURER OF VIRGINIA</u>, or a completed <u>credit card insert</u> must be mailed with your application package.

APPLICATION FEES ARE NOT REFUNDABLE.

Select the <u>one</u> method you are requesting for licensure:

Χ	Trans	License by:	Fee
	5005	Exam Eligibility	\$65.00
	5021	Board Equivalence	\$65.00

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				5021	Board Equivale		\$65.00			
> D	Oo you hold a <u>ca</u> No □ If	<i>urrent</i> accessi no, you <u>do not</u>	,			ued by t	he Board	d for Contracto	rs?	
	Yes 🗌 If	yes, provide th	ne following ce	ertific	ation information	on:				
		Virginia Cert	ification No.					Expiration	on Date	
1.	Full Legal Nan	me (As it appea	ars on your gov	/ernm	ent issued ID or	other leg	jal docum	entation.)		
	Last (required) Required Door	cumentation: P		(requi	•	sued ID.	Middl Copy mus			Generation
2.	Provide at leas	st <u>one</u> of the fo	ollowing identi	ficati	on numbers*:					
	Social Se	ecurity Number	and/or			-		-		
	☐ <u>Virginia</u>	DMV Control Nu	ımber							
	Enter the sa	nme identification nur	mber as used on e	xamina	ition, previous applic	ations or lic	enses on fi	le with the departme	ent.	
	* State law red by the Comr	quires every applica monwealth to provide	nt for a license, cer e a social security	rtificate numbe	e, registration or other or a control number	er authoriza er issued by	tion to enga the <u>Virgini</u>	ige in a business, tra <u>a</u> Department of Mo	ade, profession of otor Vehicles.	or occupation issued
3.	Date of Birth	·	-		e at least 18 yea	_	_	·		
		MM/DD/Y	YYY							
4.	Maiden or For	mer Name(s)								
5.	•	ss (PO Box acc								
		ng address will be I on the license.	!							
	printeu	OH the license.		City					State	Zip Code
6.		s (PO Box <u>not</u>	' '		Check here if Str	eet Address	is the sam	e as the Mailing Add	dress listed abov	/e.
	PHYSICA	AL ADDRESS REC	QUIRED	—						
				City						Zip Code
				Oity					State	Zip Oode
BOARD USE ONLY	ETS									
OFFICE	DATE	FEE	TRANS CODE		ENTITY #		F	FILE #/LICENSE #		ISSUE DATE
USE ONLY						2720)			

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.		g requirements have you met in LULA) endorsement certificatio	order to qualify for the <u>accessit</u> n? Select only <u>one</u> .	pility mechanic limited use/				
	use/limited applica Required Attachmo	tion elevators, and completion of	n, installation, maintenance, servic a vocational education program ap Experience Verification Form and an offic Gram.	oproved by the board.				
	One year of practical experience in the construction, installation, maintenance, service/repair and testing of lir use/limited application elevators, completion of a vocational education program approved by the board satisfactorily completed a limited use/limited application elevator training program determined to be equivale the requirements established by the board.							
		ents: Attach a completed <u>Individual E</u> I completion of training program.	<u>xperience Verification Form</u> and an offic	ial school transcript or certificate(s)				
10.	body? No	ubject to a <u>disciplinary action</u> to omplete the <u>Disciplinary Action F</u>	aken by <u>any</u> (including Virginia) loc <u>Reporting Form</u> .	al, state or national regulatory				
11.	United States of No ☐	0 3	gardless of the manner of adjudica intendere shall be considered a concition Reporting Form.	, , , , , , , , , , , , , , , , , , ,				
	United States of No ☐	9 9	gardless of the manner of adjudical formula of adjudical formula of the manner of adjudical formula for formula fo					

By signing this application, you acknowledge that if you are not a Virginia resident, or move outside of Virginia while you hold a Virginia Contractors Individual License, you understand that this application serves as a written power of attorney, whereby you appoint the Director of the Department of Professional and Occupational Regulation, and his/her successors in office, to be your true and lawful agency and attorney-in-fact, in your stead, upon whom all legal process against and notice to you may be served and who is hereby authorized to enter an appearance on your behalf in any case or proceedings arising out of the trade or profession practiced; and that by submitting this application, you hereby agree that any lawful process against you which is duly served on said agent and attorney-in-fact shall be of the same legal force and validity as if served upon you.

18-VAC-50-30-30.7 of the *Board for Contractors Individual License and Certification Regulations* states, "Each non-resident applicant for a license or certificate shall file and maintain with the department an irrevocable consent for the department to serve as service agent for all actions filed in any court in this Commonwealth. In those instances where service is required, the director of the department will mail the court document to the individual at the address of record."

- 12. 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	