

MONTANA ELEVATOR CONTRACTOR MECHANIC & INSPECTOR LICENSING PROGRAM

301 South Park Avenue
PO Box 200513
Helena Montana 59620-0513
Phone: 406-444-6880 Fax: 406-841-2305
E-MAIL: dlibsdlhelp@mt.gov
WEBSITE: <http://www.elevator.mt.gov>

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.

(Please allow 14 days for processing from the date that the Department has received your complete routine application)

ELEVATOR MECHANIC APPLICATION LIMITED MECHANIC APPLICATION

INSTRUCTION FOR APPLICATIONS

1. Complete the application in its entirety. Incomplete applications will be returned.
2. Submit the application with the required fee. Make checks or money orders payable to ELEVATOR LICENSING PROGRAM.
3. Experience Verification Affidavit must be signed by the person for whom you worked or under whom you worked, and must be notarized. You cannot sign the affidavit yourself.
4. Verification of Licensure must be completed if applying by Reciprocity or Endorsement.

EXAMINATION INFORMATION

1. Applications must be approved by the Department before an applicant is authorized to sit for the examination.
2. Approved applicants will receive an approval letter detailing the examination process.

RENEWAL INFORMATION

1. \$150.00 Annual Renewal Fee
2. Licenses expire on April 1, annually, commencing on April 1, 2008.

FEE INFORMATION

1. Application by Examination: \$200 - non-refundable
2. Application by Reciprocity/Endorsement: \$150 - non-refundable

ELEVATOR MECHANIC REQUIRED DOCUMENTATION

1. Proof of having completed an approved apprenticeship program.
2. A notarized Experience Verification Affidavit verifying 3 years of conveyance work. Approved applicants will be required to sit for and pass the appropriate level of elevator mechanic examination.
3. A notarized Experience Verification Affidavit verifying 3 years of conveyance work prior to October 2005 (no exam required).

LIMITED ELEVATOR MECHANIC REQUIRED DOCUMENTATION

1. A notarized Experience Verification Affidavit verifying 1 year of conveyance work. Approved applicants will be required to sit for and pass the appropriate level of elevator examination

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APPLICATION FOR (Select one): **Elevator Mechanic** **Limited Mechanic**

APPLICATION FOR LICENSURE IS REQUESTED BY (Select one):

Examination **Reciprocity/Endorsement** **Grandfather clause for elevator
mechanic with 3 years
of experience prior
to October 2005**

APPLICATION FEES: Examination: \$200 Reciprocity/Endorsement/Grandfather Clause: \$150

Full Name _____
Last First Middle

Other Name(s) Known By _____

Gender _____ Date of Birth _____ E-mail Address _____

SOCIAL SECURITY NUMBER/FEDERAL IDENTIFICATION NUMBER: _____

1. Are you a United States Citizen? ____ YES ____ NO
2. If you answered NO to question 1 above, are you (please check one of the following):
 - ____ A "qualified alien" as defined in USC § 1641. See, 8 USC § 1621a (1).
 - ____ A nonimmigrant under the immigration and Nationality Act, 8 USC § 1101 et seq. See, 8 USC § 1621a (2).
 - ____ A nonimmigrant whose visa for entry is related to such employment in the U.S. See, 8 USC § 1621c (2)(A)
 - ____ A foreign national not physically present in the United States. See, 8 USC § 1621c (2)(C).
 - ____ Other—Please provide detailed explanation: _____

Please indicate your preferred mailing address

____ Residential ____ Business

Residential Information

Phone _____

Fax _____

Address _____

Zip Code _____

City, State _____

Business (Present Employer) Information

Phone _____

Fax _____

Address _____

Zip Code _____

City, State _____

Business Name _____

PERSONAL HISTORY QUESTIONS IMPORTANT INSTRUCTIONS AND NOTICE

1. Please read the following questions carefully. Giving an incomplete or false answer is unprofessional conduct and may result in denial of your application or revocation of your license. See, 37-1-105, MCA.
2. You have a continuing duty to update the information you provide in your application and supplemental responses, including while your application is pending and after you are granted a license.
3. Upon submittal of your application form, for every "yes" answer provided, you will receive a request for specific information or documents associated with the question. Your application is not complete until staff receive all information requested.

PERSONAL HISTORY QUESTIONS

(Circle Yes or No)

- | | | |
|---|-----|----|
| 1. Have you ever had any license, certificate, registration, or other privilege to serve as a volunteer or practice a profession denied, revoked, suspended, or restricted by a public or private local, state, federal, tribal, religious, or foreign authority? | YES | NO |
| 2. Have you ever surrendered a credential like those listed in number 1, in connection with or to avoid action by a public or private local, state, federal, tribal, religious, or foreign authority? | YES | NO |
| 3. Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position? | YES | NO |
| 4. Have you ever been required to participate in a behavioral modification or assistance program in lieu of suspension or termination from a volunteer or employment position? | YES | NO |
| 5. Have you ever withdrawn an application for any professional license? | YES | NO |
| 6. As of the date of this application, are you aware of any pending complaint, investigation, or disciplinary action related to any professional license you hold? | YES | NO |
| 7. Are you under a current order that remains unsatisfied (e.g., fines unpaid, probation not concluded, conditions unmet?) | YES | NO |

"Chemical substances" include alcohol, drugs, or medications, whether taken legally or illegally.

- | | | |
|--|-----|----|
| 8. Do you have any medical, physiological, mental, or psychological condition which in any way currently (within the last 6 months) impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? | YES | NO |
| 9. Do you currently (within the last 6 months) use one or more chemical substances in any way which impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? | YES | NO |

The following information is provided for Question 10 below:

A criminal conviction may not automatically bar you from receiving a license. For more information about how a criminal conviction may impact your application, consult the board or program website.

- | | | |
|---|-----|----|
| 10. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or sentence deferred or suspended as an adult or “juvenile convicted as an adult” in any state, federal, tribal, or foreign jurisdiction? | YES | NO |
| 11. Are you now subject to criminal prosecution or pending criminal charges? | YES | NO |
| 12. Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization? | YES | NO |
| 13. Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession? | YES | NO |
| 14. Have you ever been disqualified from working with children, elderly persons, mentally ill persons, or other vulnerable persons? | YES | NO |

TYPE OF ACTUAL EXPERIENCE: List dates of experience for each different type of conveyance equipment you have operated. You may attach additional sheets if necessary.

From/To MM/YY	FIRM OR COMPANY NAME	TYPES OF EQUIPMENT	COMMERCIAL OR RESIDENTIAL*	NUMBER OF HOURS

* If you performed both commercial and residential work, please list a breakdown of hours between the two types of work. (1500 hours of work constitutes a year's worth of work experience)

List any apprenticeship experience you have.

Apprenticeship Program	City and State/Province/Territory	Dates Attended	Diploma Received (Yes or No)

VERIFICATION OF LICENSURE FOR RECIPROCITY/ENDORSEMENT

THIS IS NOT AN ENDORSEMENT CERTIFICATION

PLEASE COMPLETE THIS SECTION OF THE FORM AND MAIL TO EACH STATE IN WHICH YOU ARE NOW OR HAVE EVER BEEN LICENSED TO PRACTICE AS AN ELEVATOR MECHANIC. YOU MAY COPY THIS FORM AS MANY TIMES AS NEEDED. SOME STATES REQUIRE A FEE FOR THIS SERVICE.

STATE LICENSING OFFICE:

I am applying for a license to practice as an Elevator Mechanic or Limited Mechanic in the State of Montana. The Montana Elevator Licensing Program requires this form to be completed by each state wherein I hold or ever have held a professional/occupational license. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to the **MONTANA ELEVATOR LICENSING PROGRAM, P. O. BOX 200513, 301 SOUTH PARK AVENUE, HELENA, MT 59620-0513**. Your early response is appreciated.

(Signature) (Please print) Name: _____

Address:

My License Number is:

DO NOT DETACH -- THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE
STATE/JURISDICTION AND RETURNED DIRECTLY TO THE MONTANA ELEVATOR LICENSING
PROGRAM

State/Jurisdiction of: _____

Full Name of Licensee: _____

License No. _____ Issue Date: _____

License is current? _____ If NO, explain _____

Has license been suspended, revoked, placed on probation or otherwise disciplined? _____

If YES, explain and attach documentation _____

Has licensee ever been requested to appear before your Board? _____

If YES, explain

Derogatory information, if any

Comments, if any _____

Signed: _____

BOARD/STATE SEAL

Title: _____

State Board: _____ Date: _____

EXPERIENCE VERIFICATION AFFIDAVIT

**Each employer you want to be considered for experience must complete this form.
This must be returned to the address listed on the front of the application before application will be reviewed.**

1. Name of Applicant: _____
LAST FIRST MI

2. Applicant Address: _____
CITY STATE ZIP

From/To MM/YY	FIRM OR COMPANY NAME	TYPES OF EQUIPMENT	COMMERCIAL OR RESIDENTIAL *	NUMBER OF HOURS

* If you performed both commercial and residential work, please list a breakdown of hours between the two.

3. Name of Elevator Contractor or Elevator Mechanic who employed above applicant:

PRINT NAME OF FIRM, PARTNERSHIP, CORPORATION OR MECHANIC

4. Address of Employer: _____
CITY STATE ZIP

5. Telephone of Employer: (____) _____ (____) _____
PHONE FAX

6. Did the above applicant complete a registered apprenticeship program while in your employ?
____ Yes ____ No

I hereby declare under penalty of perjury that information provided on this affidavit is accurate to the best of my knowledge. In signing this affidavit, I am aware that a false statement or evasive answer to any question may lead to subsequent penalties of licensure on ethical grounds.

SIGNATURE OF EMPLOYER

TYPE OF LICENSE HELD

STATE LICENSED IN

LICENSE NUMBER

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Elevator Program.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

Signature of Applicant: _____