

MONTANA ELEVATOR CONTRACTOR, MECHANIC, & INSPECTOR LICENSING PROGRAM

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Elevator Mechanic Re-Examination Form

Re-Exam Fee

- \$50.00

Please complete this form and return it with the \$50 fee.

Name: _____ E-Mail Address: _____

Mailing Address: _____
Address City State Zip

Phone: (Home) _____ (Work) _____

Please list the date of your last exam _____

The written exam can be taken at most job service locations in the state. You must identify which job service you would like your exam to be sent to. You will be notified when your exam has been sent to the job service listed below.

Please send my exam to this job service: _____

SIGNATURE: _____ DATE: _____