

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: dlibsdhhelp@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 INSPECTOR 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 check or money order payable to ELEVATOR LICENSING PROGRAM.

RENEWAL INFORMATION

1. \$200.00 Annual Renewal Fee
2. Licenses expire on April 1, annually, commencing on April 1, 2008.

FEE INFORMATION

1. Application Fee: \$200 - non-refundable

ELEVATOR INSPECTOR REQUIRED DOCUMENTATION

1. Current certification as an elevator inspector from one of the following:
 - a. American National Standard Institute
 - b. National Association of Elevator Safety Authorities
 - c. Elevator Inspector certification from an entity approved by the Department.
2. Proof of required insurance as per MCA 50-60-716. (See Below)

MCA 50-60-716. Insurance requirements. **(1) Each licensed elevator contractor and licensed elevator inspector shall provide the department with a certified copy of an insurance policy issued by an insurance company authorized to do business in this state that provides at least \$1 million coverage for injury or death for any number of persons in any single occurrence and \$500,000 for property damage in any single occurrence.**

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Elevator Inspector Application

APPLICATION FEE: \$200

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 _____

INSPECTOR DOCUMENT REQUIREMENTS

- | | | |
|--|-----|----|
| 1. Attached a certified copy of Liability Insurance: | Yes | No |
| 2. Attached a certificate of an approved Inspector Training: | Yes | No |

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.

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|--|-----|----|
| 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.

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|---|-----|----|
| 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 |

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: _____