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: <u>dlibsdhelp@mt.gov</u> WEBSITE: <u>http://www.elevator.mt.gov</u>

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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F	301 South Park Avenue PO Box 200513 Helena Montana 59620-0513 Phone: 406-444-6880 Fax: 406-84 E-MAIL: <u>dlibsdhelp@mt.gov</u> WEBSITE: <u>http://www.elevat</u>	41-2305 <u>/</u>
_	D INCOMPLETE APPLICATIONS WILl cessing from the date that the Departm application)	L BE RETURNED. nent has received your complete routine
APPLICATION FOR (Select on	e): Elevator Mechanic	Limited Mechanic
APPLICATION FOR LICENSU	RE IS REQUESTED BY (Select one):	
Examination	Reciprocity/Endorsement xamination: \$200 Reciprocity/Endorser	Grandfather clause for elevator mechanic with 3 years of experience prior to October 2005 ment/Grandfather Clause:\$150
Full Namo		
Last	First	Middle
Other Name(s) Known By		
Gender Date of Bi	rthE-mail Addr	ress
SOCIAL SECURITY NUMBER/FEDE	RAL IDENTIFICATION NUMBER:	
A "qualified alien" as defi A nonimmigrant under th A nonimmigrant whose v A foreign national not ph Other—Please provide d	ion 1 above, are you (please check <u>one of</u> ined in USC § 1641. See, 8 USC § 1621a (ne immigration and Nationality Act, 8 USC § visa for entry is related to such employment ysically present in the United States. See, 8	(1). § 1101 et seq. See, 8 USC § 1621a (2). t in the U.S. See, 8 USC § 1621c (2)(A) 8 USC § 1621c (2)(C).
Please indicate your preferred mailing		
Residential Information	<u>Business (F</u>	Present Employer) Information
Phone		
Fax		
Address		
Zip Code		
City, State	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)

	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
	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
	Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position?	YES	NO
	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
	Are you under a current order that remains unsatisfied (e.g., fines unpaid, probation not concluded, conditions unmet?)	YES	NO
"C	hemical substances" include alcohol, drugs, or medications, whether taken legally or illeg	ally.	
	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	S NO

9. Do you currently (within the last 6 months) use one or more chemical substances YES NO in any way which impairs or limits your ability to practice your profession or occupation with reasonable skill and safety?

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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 E<u>levator Mechanic or Limited Mechanic</u> 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.

		Name	e:	
(Signature)	(Please		print)	
Address:				
My License N	umber is:			
		HIS SECTION TO BE COMPLE ND RETURNED DIRECTLY TO	TED BY AN OFFICIAL OF THE THE MONTANA ELEVATOR LICENSING	
State/Jurisdict	ion of:			
Full Name of L	icensee: _			
License No		Issue Date:		
License is cur	rent?	If NO, explain _		
Has license be	en suspend	led, revoked, placed on probatior	n or otherwise disciplined?	
If YES, explair	n and attach	documentation		
Has licensee e	ever been re	equested to appear before your B	Board?	
If YES, explain	ו			
Derogatory inf	ormation, if	any		
Comments, if	any			
		Signed:		
BOARD/STAT	FE SEAL			
			Date:	

My Commission Expires:____

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.

		LAST		FI	RST	N	11		
2. Applic	ant Address:	CITY		67	TATE	7	IP		-
		CITY		5		Z	IP	1	
From/To MM/YY	FIRM OR COM	PANY	TYPES OF EC	UIPMENT	COMMERCIA	L OR RESIDE	NTIAL*	NUMBER OF	HOURS
* If you perfor	med both commerci	ial and resid	dential work, ple	ase list a break	down of hours be	tween the two.			
3. Name	of Elevator Con	tractor or	Elevator Me	chanic who	employed abo	ove applican	t:		
		INT NAME	OF FIRM, PART	NERSHIP, CC	ORPORATION OF	R MECHANIC			
4. Addres	s of Employer:	CIT	Y	ST	ATE	ZIP			
5. Teleph	one of Employer	()		()				
6. Did the	one of Employer: above applicant o sNo			prenticeship	() FAX program while	in your emplo	y?	-	
 Did the Yes I hereby designing this 	above applicant of	complete a ty of perjui are that a	a registered ap ry that informa	tion provided	program while i I on this affidavi	t is accurate t	o the bes		
6. Did the Yes I hereby de signing this licensure or	above applicant o sNo clare under penal affidavit, I am awa	complete a ty of perjui are that a	a registered ap ry that informa	tion provided	program while i I on this affidavi	t is accurate t	o the bes		
6. Did the Yes I hereby de signing this licensure or	above applicant o sNo clare under penali affidavit, I am awa n ethical grounds.	complete a ty of perjui are that a	a registered ap ry that informa	tion provided	program while i I on this affidavi	t is accurate t	o the bes		
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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: _____