# MONTANA ELEVATOR CONTRACTOR MECHANIC & INSPECTOR LICENSING PROGRAM

301 South Park Avenue
PO Box 200513
Helena Montana 59620-0513
Phone: 406-841-2056 Fax: 406-841-2050
E-MAIL: dlibsdelp@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. $150.00 Annual Renewal Fee
2. Licenses expire on April 1, annually, commencing on April 1, 2008.

## ***FEE INFORMATION***

1. Application Fee: $150 - 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: $150

Social Security Number or Foreign ID Number _____

Full Name _____
Last First Middle

Other Name(s) Known By _____

Gender ____ Date of Birth _____

E-mail Address _____

Please indicate your preferred mailing address

____ Home

____ 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

**All applicants <u>must</u> answer the following questions.**
If you answer "yes", provide a detailed explanation on a separate sheet of paper:

| | | | YES | NO |
|---|---|---|---|---|
| 1. | Have you ever previously applied for a license to practice in Montana? If yes, give date, and results. | 1. | ☐ | ☐ |
| 2. | Have you ever been denied licensure or the opportunity to take this profession's licensing examination in any state or country? If yes, attach an official document. | 2. | ☐ | ☐ |
| 3. | Have you ever withdrawn an application for licensure? If yes, please give the state and reasons for withdrawal. | 3. | ☐ | ☐ |
| 4. | List original state of licensure plus any state licensed in the past two years. Verification must be sent directly to Montana from each state/province/territory. | 4. | ☐ | ☐ |
| 5. | Has a licensing agency ever taken adverse or disciplinary action against your license? If yes, attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements. | 5. | ☐ | ☐ |
| 6. | Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license during a disciplinary investigation of your practice, or entered into a consent agreement respecting your license during a disciplinary investigation? If yes, attach a detailed explanation identifying each occasion, the date and the substance of the allegations. | 6. | ☐ | ☐ |
| 7. | Has any legal or disciplinary action been filed against you, which relates to the propriety of, or your fitness to practice this profession (e.g., malpractice, etc.)? If yes, attach a detailed explanation of each instance including the date of claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations. | 7. | ☐ | ☐ |
| 8. | Do you have criminal charges pending or have you ever plead guilty, forfeited bond, or been convicted of a crime (Including a plea of no contest or deferred prosecution) whether or not an appeal is pending? You may omit: (1) payment of traffic misdemeanor fines and (2) charges or convictions prior to your 16th birthday. If yes please attach a detailed explanation. | 8. | ☐ | ☐ |
| 9. | Have you any physical or mental condition, which has adversely affected your ability to practice this profession, including but not limited to, a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation. | 9. | ☐ | ☐ |
| 10. | Have you used alcohol or any other mood-altering substance in a manner, which adversely affected your ability to practice this profession? If yes, attach a detailed explanation. | 10. | ☐ | ☐ |

## 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: _____

**For a verification upon oath or affirmation**

State of _____

(County) of _____

Signed and sworn to (or affirmed) before me on _____ by

Name of applicant making statement _____

(Signature _____ of notarial officer)

(Seal)
Title _____ (and Rank)

_____
Residing at

My commission expires: _____