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 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

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 Phone _____

(Present Employer) Information

Fax _____

Address _____

Zip Code _____

City, State _____

Business Name _____

All applicants must 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.	☐	☐

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.

_____ Name: _____
(Signature) (Please print)

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

State of _____

(County) of _____

Signed and sworn to (or affirmed) before me on _____, 200__ by

(name(s) of person(s) making statement) _____

_____
(Signature of notarial officer)

(SEAL)

_____
Residing at

[My commission expires: _____]

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(s) of applicant making statement) _____

_____
(Signature of notarial officer)

(Seal)
Title _____
(and Rank)

_____
Residing at

[My commission expires: _____]