

Commonwealth of Massachusetts Division of Occupational Licensure Office of Public Safety and Inspections

APPLICATION FOR ELEVATOR MECHANIC'S LICENSE

Send to: Office of Public Safety and Inspections, Elevator Division, 1000 Washington Street, Suite 710, Boston, MA 02118 Attn: Elevator Division

BACKGROUND INFORMATION			
NAME			
First	Middle Initial Last		
ADDRESSStreet	City	State	 Zip
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DAYTIME TELEPHONE #	EMAIL ADDRESS		
DATE OF BIRTH	PLACE OF BIRTH		
SOCIAL SECURITY NUMBER			_
NAME OF PRESENT ELEVATOR COMPANY			
COMPANY'S ADDRESS			
Street	City	State	Zip
EMPLOYER'S TELEPHONE #			
AUTHORIZATION FOR RELEASE OF RMV INFORMATION			
My signature below authorizes the Office of Public Safety and Inspections to electronically access my			
photograph from the Massachusetts R	egistry of Motor Vehic	les database solely for us	e on this license.
MA-RMV photo release signature:			
If you do not have a MA-RMV license, please submit an original passport photo taken within the past six months. Photo must be taped to Photo Submission Form for License Renewal available on our Website.			
months. Photo must be taped to Photo	o Submission Form for	License Renewal availab	le on our website.
R	EQUEST FOR ACCOMN	10DATION	
\square (Check box if applicable) I am requesting examination accommodation due to a disability that			
substantially limits my ability to perfor	•		
Note: If you have checked this box, yo the required documentation in order to		-	est Form along with
the required documentation in order to	o be granted accommo	vuatiUII.	
	LANGUAGE ACCESS	PLAN	
(Optional) Please check here if Eng speak or understand English is limited.	•	y language AND your abil	ity to read, write,
Please indicate what your primary lang	guage is:		

THE FOLLOWING ITEMS MUST ACCOMPANY THIS APPLICATION (check box indicating compliance)			
☐ Written proof that you are <u>currently</u> registered as an elevator constructor apprentice with the Division of Apprentice Training			
Apprentice Training. □ Written proof that you have completed at least 6,000 on-the-job training hours over a period of at least 3 years as an elevator constructor apprentice, under the direct and immediate field supervision of a licensed elevator mechanic in the Commonwealth of Massachusetts. □ Written proof that you have successfully completed a minimum 450 hours of classroom environment training from an approved instructional training program. □ (Only if you have previously held a Massachusetts Elevator Mechanic's license and have to re-examine because you failed to renew within one year of the expiration date) you do not have to provide the documentation outlined above, but must provide your state issued license #: □ Passport photo, taped to Photo Submission Form for License Renewal (If no MA-RMV license) □ \$75.00 non-refundable application fee, check or money order only, payable to "Commonwealth of Massachusetts"			
NOTICE TO APPLICANTS			
All of the above items must be attached to this application in order for your examination to be scheduled. Incomplete or deficient applications will be returned to the applicant and no examination time will be scheduled. You will be notified of your examination date once a completed application is submitted. The completed application must be submitted by the deadline listed on the Office of Public Safety and Inspections website in order to be scheduled for the next available examination. A license will be issued once the applicant passes the written examination.			
ATTESTATION			
I hereby attest, under the pains and penalties of perjury, that the information provided above is true and accurate to the best of my knowledge. Further, I certify that I have filed all required tax returns and paid all state taxes as required by law and that I do not have any outstanding Civil Fines due to the Commonwealth.			
Applicant signature Date			
FOR BOARD UNSE ONLY			
BOARD REVIEW DATE: CHAIRPERSON:			
☐ APPROVED ☐ DENIED			
IF DENIED, REASON FOR DENIAL:			
EXAM DATE: APPLICANT SIGNATURE:			
PHOTO IDENTIFICATION OF APPLICANT CHECKED BY BOARD MEMBER BOARD MEMBERS PRESENT FOR EXAM:			