

Temporary Elevator Mechanic

APPLICANT INFORMATION

Full Legal Name: _____
First Middle Last

All Previous Legal Names: _____

Other DOPL Licenses Held: _____

SSN: _____ Date of Birth: _____ Gender: Male Female

Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

City State ZIP Code

Phone: _____ Email: _____

Please Select ONE:

- I am a United States citizen OR a non-citizen of the United States who is lawfully present.
- I am a foreign national not physically present in the United States.
- None of the above, please explain: _____

Driver License

or State ID Card: _____
State of Issue License Number Expiration Date

NOTE: If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of lawful presence in the United States.

AFFIDAVIT AND RELEASE

1. I certify that I am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, discloses all material facts regarding the applicant, and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.
5. I certify that I do not currently pose a direct threat to myself, to my clients, or to the public health, safety or welfare because of any circumstance or condition.
6. I understand that I am responsible to update the Division of any changes relating to my license/certification/registration.

Signature of Applicant: _____ Date: _____

QUALIFYING QUESTIONNAIRE

Do not leave any question blank.

DOPL may request additional documentation if the information submitted is insufficient.

1. Yes No Have you EVER had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, resigned, or surrendered while under investigation, or otherwise **disciplined in any way**?
2. Yes No Do you CURRENTLY have **any criminal action active or pending**?
3. Yes No WITHIN THE PAST 10 YEARS, have you pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted of a misdemeanor** in any jurisdiction?
4. Yes No Have you EVER pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted of a felony** in any jurisdiction?

If you answered "Yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached. If you answered "Yes" to questions 2,3, or 4 you must submit the following for EACH and EVERY incident:

- personal account of the incident
- court record(s)
- police report(s)
- probation/parole officer report(s)

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

NOTE:

- **DISCLOSE** charges that were later held in abeyance, diverted, reduced, or dismissed.
- **DISCLOSE** motor vehicle offenses such as driving while impaired or intoxicated. But you do not need to disclose minor traffic offenses such as parking or speeding violations.
- You do **not need to disclose** juvenile offenses, unless you were tried as an adult.
- **DISCLOSE** if you are restricted from possession, purchase, transfer, or ownership of a firearm or ammunition (even if your restriction is based on a non-reportable juvenile conviction).
- You do **not need to disclose** legally expunged or sealed criminal history incidents.

For more information, see DOPL's criminal history FAQs.

PROFESSIONAL LICENSES

List all other licenses, registrations or certifications issued by any state which you now hold or have ever held in any profession. (Use additional sheets if necessary.)

Profession: _____ License Number: _____

Issuing State: _____ License Status: _____ Issue Date: _____

Profession: _____ License Number: _____

Issuing State: _____ License Status: _____ Issue Date: _____

CERTIFICATION PROGRAM

If you have a certificate of completion from one of the following, check the appropriate box and provide a copy of the certificate.

- The Canadian Elevator Industry Education Program
- The National Association of Elevator Contractors Certified Elevator Technician Education Program
- The National Elevator Industry Education Program
- Any other program that meets the requirements of subsection 58-55-203(3)(m)(i)(C) as determined by the Commission. (Additional documentation may be required.)

Affidavit of Work Experience

This form is only required for individuals who do not hold a certificate of completion from an approved program. Each employer must complete a separate form. The total hours from all forms must be at least 3,550 within the last 10 years.

APPLICANT INFORMATION

To be completed by the applicant.

Full Legal Name:

First

Middle

Last

Mailing Address:

Street/PO Box

City

State/Zip

Note: You must provide copies of W2s supporting the dates of employment listed below by your employer.

EMPLOYER INFORMATION

To be completed by the employer.

Name of Contractor:

License Number:

Name of Supervisor:

License Number:

Establishment Address:

Street/PO Box

City

State/Zip

Telephone Number

Email:

Dates of Employment/Supervision:

MM/DD/YYYY

to

MM/DD/YYYY

Number of hours worked per week:

Total number of hours worked:

Note: No more than 2,000 hours of training may be credited for each 12 month period.

Describe the applicant's duties:

Did the applicant and supervisor work in the same place of employment? Yes No

If "no", describe how you were able to provide supervision:

I do hereby certify that the applicant for licensure as a temporary elevator mechanic has successfully completed the above work experience as a W-2 employee of the company listed. I certify that the experience supervised meets the requirements outlined in R156-55e-302a.

I further certify that the applicant is qualified and competent to practice as an elevator mechanic.

Signature of Authorized Signer:

Date:

Printed Name of the Authorized Signer:

Position of Authorized Signer:

APPLICATION CHECKLIST AND INSTRUCTIONS

This checklist is for your convenience, you do not need to include it with your application.

NOTE: Incomplete applications will be denied.

Your application is classified as a public record and may be available for inspection by the public, except with regard to the release of information which is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

The following items are required to complete your application:

- \$51.00 non-refundable application-processing fee, made payable to "DOPL".
 - Supporting documentation for any "yes" answers provided on the "Qualifying Questionnaire". See page 2 of the application for more information.
 - Complete either A or B:
- A.** Submit "Affidavit of Work Experience" totaling 3,550 hours of qualifying training and copies of W2s for the dates listed, see page 3 of this application.

AND

Obtain a passing score on the Utah Elevator Mechanic Examination. DOPL's testing provider will electronically send the results of your examination directly to DOPL. To register for examinations or find more information about exam requirements, see our website <https://dopl.utah.gov/em/>

- B.** Submit a copy of your certificate of completion from one of the following (see page 2 of the application):
1. The Canadian Elevator Industry Education Program
 2. The National Association of Elevator Contractors Certified Elevator Technician Education Program
 3. The National Elevator Industry Education Program
 4. Any other program that meets the requirements of subsection 58-55-203(3)(m)(i)(C) as determined by the Commission. (Additional documentation may be required.)

Submit the above items with your completed application to:

In person or via express delivery:

Division of Occupational and Professional Licensing
Heber M Wells Building, 1st Floor Lobby
160 E 300 S
Salt Lake City, UT 84111

US Postal Service:

Division of Occupational and Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741