



# State of Utah

## DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

160 East 300 South, P.O. Box 146741  
Salt Lake City, Utah 84114-6741  
Telephone (801) 530-6628  
[www.dopl.utah.gov](http://www.dopl.utah.gov)

### ELEVATOR MECHANIC *(\$110.00 Non Refundable Application Fee)*

Is this application for reinstatement of a license previously held in Utah?  Yes  No

*(Note: Microsoft Word users can fill in the blanks, print the form and save it for their records)*

<b>***Please list your <u>full legal name</u> as it appears on your driver's license, Social Security Card, etc.***</b>			
Last Name:		First Name:	
		Middle Name:	
Social Security Number:     -     -		Maiden Name:	
I certify under penalty of perjury that:			
<input type="checkbox"/> I am a citizen of the United States and I have a valid US Driver License or US State ID. License/State ID Number: _____ State: ____			
<input type="checkbox"/> I am a citizen of the United States currently living outside the United States and do not have a valid US Drivers License or US State ID. Please attach a legible copy of your valid passport or other documentation to verify you are a legal citizen of the United States.			
<input type="checkbox"/> I am a non-citizen of the United States, who is lawfully present in the United States and I have a valid US Drivers License or US State ID. License/State ID Number: _____ State: ____			
<input type="checkbox"/> I am a non-citizen of the United States, who is lawfully present in the United States and I do not have a valid US Drivers License or US State ID. Please attach a legible copy of your current and valid government issued document showing evidence of authorization to work in the United States.			
<input type="checkbox"/> I am a foreign national not physically present in the United States.			
Mailing Address:			
City:			State:
			ZIP:
<input type="checkbox"/> Male	Date of Birth:	Phone #:	E-Mail:
<input type="checkbox"/> Female			
List all other licenses, registrations, or certifications issued by any state which you now hold or have ever held in any profession. <i>(Use additional sheets if necessary.)</i>			
Profession:		Issuing State:	
License Number:		License Status:	Issue Date:
Profession:		Issuing State:	
License Number:		License Status:	Issue Date:
Profession:		Issuing State:	
License Number:		License Status:	Issue Date:
Profession:		Issuing State:	
License Number:		License Status:	Issue Date:

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY	
License/Certificate Number: _____	
Date License/Certificate Approved: ___/___/___	
Approved By: _____	
Date License/Certificate Denied: ___/___/___	
Denied By: _____	
Reason for Denial/Other Comments: _____	

**AFFIDAVIT and RELEASE AUTHORIZATION**

1. I certify that 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 its supporting document(s) is free of fraud, forgery, misrepresentation, omission of material fact; is truthful, correct, and complete; 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, institutions, organization, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, 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 of Occupational and Professional Licensing 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 you are applying, and that failure to do so may result in civil, administrative, or criminal sanctions.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**COMPLETE PART A or PART B**

**PART A - CERTIFICATION PROGRAM FOR APPLICANTS:** *(Use additional sheets if necessary.) (See the check list for a list of acceptable certificate providers.)*

Name of Institution:		Certificate Issued:	
Mailing Address:		City:	State: ZIP:
Dates Attended:	From	To	
Name of Institution:		Certificate Issued:	
Mailing Address:		City:	State: ZIP:
Dates Attended:	From	To	
Name of Institution:		Certificate Issued:	
Mailing Address:		City:	State: ZIP:
Dates Attended:	From	To	

**PART B - ELEVATOR MECHANIC EMPLOYMENT RECORD:** Chronologically list each place of employment as an elevator mechanic. Show month and year for each. Required: Affidavit of experience and W-2 pay documentation for employer. *(Use additional sheets if necessary.)*

**Employer/Firm Name:**

Telephone:	Cell Phone Number:		
Mailing Address:	City:	State:	ZIP:
Dates of Employment:	From:	To:	Hours Worked:
Name of Supervising Elevator Contractor:			
License Number of Supervising Elevator Contractor:			
<input type="checkbox"/> Affidavit for This Employment Attached <input type="checkbox"/> W2 for This Employment Attached			

**Employer/Firm Name:**

Telephone:	Cell Phone Number:		
Mailing Address:	City:	State:	ZIP:
Dates of Employment:	From:	To:	Hours Worked:
Name of Supervising Elevator Contractor:			
License Number of Supervising Elevator Contractor:			
<input type="checkbox"/> Affidavit for This Employment Attached <input type="checkbox"/> W2 for This Employment Attached			

**Employer/Firm Name:**

Telephone:	Cell Phone Number:		
Mailing Address:	City:	State:	ZIP:
Dates of Employment:	From:	To:	Hours Worked:
Name of Supervising Elevator Contractor:			
License Number of Supervising Elevator Contractor:			
<input type="checkbox"/> Affidavit for This Employment Attached <input type="checkbox"/> W2 for This Employment Attached			

**Employer/Firm Name:**

Telephone:	Cell Phone Number:		
Mailing Address:	City:	State:	ZIP:
Dates of Employment:	From:	To:	Hours Worked:
License Number of Supervising Elevator Contractor:			
<input type="checkbox"/> Affidavit for This Employment Attached <input type="checkbox"/> W2 for This Employment Attached			

**Summary of Elevator Mechanic Employment Record:**

Number of Employers:	Total Hours Worked for ALL Employers:	<i>(6,000 or more required)</i>
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## QUALIFYING QUESTIONNAIRE

**Read thoroughly, and answer the questions. Do not leave any question blank.**

*(Note: If you have formally expunged a criminal record you do not need to disclose that criminal history.)*

Yes	No	Answer "Yes" or "No" to each question.
<input type="checkbox"/>	<input type="checkbox"/>	1. Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
<input type="checkbox"/>	<input type="checkbox"/>	2. Have you ever been denied the right to sit for a licensure examination?
<input type="checkbox"/>	<input type="checkbox"/>	3. Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
<input type="checkbox"/>	<input type="checkbox"/>	4. Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any professional licensing agency or criminal or administrative jurisdiction?
<input type="checkbox"/>	<input type="checkbox"/>	5. Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency or government agency?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
<input type="checkbox"/>	<input type="checkbox"/>	7. If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your clients, or to the public health, safety, or welfare because of any circumstance or condition?
<input type="checkbox"/>	<input type="checkbox"/>	8. Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
<input type="checkbox"/>	<input type="checkbox"/>	9. Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
<input type="checkbox"/>	<input type="checkbox"/>	10. Have you ever been terminated from a position because of drug use or abuse within the past five (5) years?
<input type="checkbox"/>	<input type="checkbox"/>	11. Are you currently using or have you recently ( <i>within 90 days</i> ) used any drugs ( <i>including recreational drugs</i> ) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
<input type="checkbox"/>	<input type="checkbox"/>	12. Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
<input type="checkbox"/>	<input type="checkbox"/>	13. Do you currently have any criminal action pending?
<input type="checkbox"/>	<input type="checkbox"/>	14. Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
<input type="checkbox"/>	<input type="checkbox"/>	15. Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
<input type="checkbox"/>	<input type="checkbox"/>	16. Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed ( <i>i.e. plea in abeyance or deferred sentence</i> )?
<input type="checkbox"/>	<input type="checkbox"/>	17. Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?



**If you answered "yes" to questions 13, 14, 15, 16, or 17 above**, you must submit a complete explanation of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and 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.

If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. **Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.**

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.

A "yes" answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.

# Affidavit of Experience

*(Do not submit this form if you are applying based upon a certificate listed in the checklist.)*

**PART I: TO BE COMPLETED BY THE APPLICANT DETAILING THE EXPERIENCE WITHIN THE PAST 10 YEARS:**

*(Use a separate form for each employer. Make copies of this form as necessary.)*

Name of Applicant:

Name of Contractor/Employer:

License Number:

Phone #:

Mailing Address:

City:

State:

ZIP:

Date Employment Began:

Date Employment Ended:

Total Hours Worked:

**Summary and Description:** Applicant should make explicit statements, listing elevator mechanical work performed, listing and defining projects for which he/she had full or partial responsibility, and including statements of the extent and complexity of work performed.

**I declare under penalty of perjury as follows:**

I am the person (Applicant) who engaged in construction activities in the classification of Elevator Mechanic and that the experience was lawfully obtained.

**Signature:**

Signature Date:

**PART II: TO BE COMPLETED BY THE SUPERVISOR OF THE APPLICANT WHO WAS EMPLOYED BY A LICENSED ELEVATOR CONTRACTOR OR A COMPANY WHICH WAS NOT REQUIRED TO BE LICENSED AT THE TIME THE EXPERIENCE WAS OBTAINED WHO IS VERIFYING THE APPLICANT'S EXPERIENCE.**

Name of Applicant \_\_\_\_\_

Please review the description of the Applicant's duties as provided by the Applicant. Complete the information requested in Part II and return the completed form to the Applicant for submission with the license application.

1. Is the Applicant's description of their experience correct?  Yes  No

2. Would you recommend the Applicant be licensed as an elevator mechanic?  Yes  No

If no, please explain. Attach additional pages if necessary.

\_\_\_\_\_  
\_\_\_\_\_

3. Did you supervise the Applicant?  Yes  No If no, please explain.

\_\_\_\_\_  
\_\_\_\_\_

*(Continued on next page.)*

4. If you did not supervise the Applicant, what is the basis of your knowledge of the Applicant's knowledge, ability, and competence to practice? \_\_\_\_\_

\_\_\_\_\_

Verifying Licensed Elevator Contractor's Name: \_\_\_\_\_

Verifying Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address of Verifying Contractor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Contractor License Number: \_\_\_\_\_

State: \_\_\_\_\_ Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**I declare under penalty of perjury as follows:**

I certify that the information contained in this document is true, complete, and accurate. I further certify that I understand that to falsify or withhold information may be unprofessional conduct and would subject my license to disciplinary action.

Signature of Licensed Contractor's  
Supervisor Verifying the Information: \_\_\_\_\_

Date of Signature: \_\_\_\_/\_\_\_\_/\_\_\_\_

# REQUEST FOR VERIFICATION OF LICENSE

(Use this form to verify licensure from another state, if applicable.)

<b>TO BE COMPLETED BY THE APPLICANT:</b> Complete the first section of the form and submit it to a state in which you are <b>currently</b> licensed as an Elevator Mechanic. Request that the verifying state complete the form and mail it directly to DOPL or return it to you for submission with your application.			
Last Name:	First Name:	Middle Name:	
Maiden Name:	Social Security Number:     -     -		
Mailing Address:	City:	State:	ZIP:
Date of Birth:	E-Mail:	Date of Graduation:	
I am requesting licensure in the <b>State of Utah</b> as an <b>ELEVATOR MECHANIC</b> .			
I am/have been licensed in your state under the name:		License # in your state is/was:	
I have enclosed the necessary license verification fee in the amount of \$			
Signature of Applicant:		Date of Signature:	

<b>TO BE COMPLETED BY THE VERIFYING AGENCY:</b> Please furnish the information requested, sign and verify the document, and mail it directly to DOPL, or place the completed form in a sealed envelope and provide it to the applicant in person or by mail. The applicant will include the sealed verification of licensure with his/her Utah application. Thank you.	
Name of Verifying State: _____	
Name of Licensee (as it appears in verifying state's records): _____	
Classification of License Issued: _____	
License Number: _____	Current Status: _____
Original Date of Licensure: ___/___/___	Expiration Date: ___/___/___
Continuously Licensed:	
<input type="checkbox"/> Yes <input type="checkbox"/> No, please explain: _____	
Licensed By:	
<input type="checkbox"/> Exam, Type: _____ Date: ___/___/___	
<input type="checkbox"/> Endorsement: from what state? _____	
Examination Scores: _____	
Education Required for Licensure: _____	
Disciplinary Action or Pending Disciplinary Action:	
<input type="checkbox"/> No <input type="checkbox"/> Yes, please provide certified copies of all Petitions, Orders, etc.	
Signature: _____	
Title: _____	
Agency: _____	
Date: ___/___/___	

(SEAL)

# ELEVATOR MECHANIC

## Application Instructions and Information

<b>Application Check List</b> ( <i>Applications with incomplete attachments will not be considered and may be denied.</i> )	
<input type="checkbox"/>	Complete and submit the Qualifying Questionnaire
<input type="checkbox"/>	If needed, complete and submit the Request for Verification of License (may be <i>submitted directly from the agency or with application</i> )
<b>Submit documentation for either A or B:</b>	
<input type="checkbox"/>	<p>You must document at least 6,000 hours (<i>three year full time or equivalent part-time</i>) of experience (<i>no more than 2,000 hours of experience can be credited for each 12-month period</i>).</p> <p>The required experience shall be in the last ten years and as an employee working under the immediate supervision of a licensed elevator contractor or an employer meeting similar qualifications as those of a licensed elevator contractor where licensure is/was not required.</p> <p>The “Affidavit of Experience Form” must be completed for each of your employers and submitted with your application.</p> <p>And provide documentation of passing the State of Utah’s Elevator Mechanics Examination</p>
<input type="checkbox"/>	<p>Provide documentation of having a certificate of completion from:</p> <ul style="list-style-type: none"> <li>• The Canadian Elevator Industry Education Program;</li> <li>• The National Association of Elevator Contractors Certified Elevator Technician Education Program;</li> <li>• The National Elevator Industry Education Program; or</li> <li>• Any other program that meets the requirements of Subsection 58-55-302(3)(m)(i)(C) as determined by the Commission with concurrence of the Division Director</li> </ul>
<input type="checkbox"/>	<b>Submit</b> Elevator Mechanic Application Fee ( <i>\$110.00 Non Refundable Application Fee</i> )

1. **Social Security Number:** Your social security number is classified as a private record under the Utah Government Records Access and Management Act. If an SSN is not provided, the application is incomplete and may be denied.
2. **Address of Record:** The address you provide on this application will be your address of record. You are responsible to directly notify DOPL of any change to your address of record.
3. **Laws and Rules:** You are required to understand Utah laws and rules pertaining to your practice. The following laws and rules are available on the Internet at [www.dopl.utah.gov](http://www.dopl.utah.gov):
4. **Acceptable Forms of Payment:** Licensure fees can be paid by check or money order, made payable to “DOPL.” Cash and debit/credit cards (*American Express, MasterCard, and Visa*) are also accepted in person at DOPL’s main office – but not over the telephone.
5. **Mail Complete Application to:**
  - By U.S. Mail***
  - Division of Occupational & Professional Licensing  
P.O. Box 146741  
Salt Lake City, Utah 84114-6741
  - By Delivery or Express Mail***
  - Division of Occupational & Professional Licensing  
160 East 300 South, 1<sup>st</sup> Floor Lobby  
Salt Lake City, Utah 84111
6. **Telephone Numbers:** (801) 530-6628  
(866) 275-3675 – Toll-free in Utah

## Frequently Asked Questions:

Q. How many types of elevator mechanic licenses are available?

A. There is one type of license available: Elevator Mechanic.

Q. What if my employer is no longer in business or deceased?

A. The Affidavit of Experience may be completed by another responsible individual such as a local elevator inspector, building inspector, supervisor, former owner, or corporate officer who is familiar with the quality and quantity of work performed.

Q. What form of documentation must I provide to receive credit for previous education, or how much credit can I get for schooling experience?

A. No credit for college education is given in meeting the qualifications for obtaining an elevator mechanic license.

Q. When will my license expire?

A. All elevator mechanic licenses expire on Nov. 30 of each even-numbered year.

Q. Are there Continuing Education requirements needed to maintain my license?

A. ALL elevator mechanics are required to complete qualified continuing education, consisting of eight (8) hours during each two-year license period. Continuing education must be completed by November 30 of each even-numbered year. You must maintain competent records of completed qualified continuing education for a period of three years after the close of the two-year renewal period to which the records pertain. Additional information on acceptable education is available at [www.dopl.utah.gov](http://www.dopl.utah.gov).