



The Commonwealth of Massachusetts
Department of Public Safety

One Ashburton Place, Room 1301
Boston, Massachusetts 02108-1618

Phone (617) 727-3200

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www.mass.gov/dps

APPLICATION FOR LICENSE AS ELEVATOR MECHANIC

Name: _____
(last) (first) (middle initial)

Social security number: _____ - _____ - _____ Date of Birth: ____/____/____

Home address: _____
(street) (city) (state) (zip)

Name of present elevator company: _____

Present company address: _____
(street) (city) (state) (zip)

Telephone number: _____ Email address: _____

-Are you currently a registered elevator constructor apprentice with the division of apprentice training? **Yes** _____ **No** _____

(Please attach proof of your registration.)

-Have you 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? **Yes** _____ **No** _____

(Please attach documentation of your on-the-job training hours.)

-Have you successfully completed a minimum of 450 hours of classroom environment training from an approved instructional training program? **Yes** _____ **No** _____

(Please attach documentation attesting to your classroom environment training.)

-Have you ever been examined for a Massachusetts elevator mechanic license before?
Yes _____ (date of exam _____) **No** _____

-Please attach a check or money order for \$75 made payable to the "Commonwealth of Massachusetts" as payment for the examination fee. The fee is non-refundable.

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. A license will be issued once the applicant passes the written examination.

Please submit this application and all attachments to:

**Department of Public Safety
Elevator Mechanic License Application
One Ashburton Place, room 1301
Boston, MA 02108**

I hereby attest under the pains and penalties of perjury that all of the information provided above and attached hereto is accurate to the best of my knowledge. Further, I certify under the penalties of perjury that to my best knowledge and belief I have filed all state tax returns and paid all state taxes required under law.

Signature

Date

FOR INTERNAL USE ONLY

Date of examination: _____

Signature of applicant (to be signed in presence of Examining Board): _____

Board checked applicant's photo identification: _____

Exam score: _____

Applicant has: passed _____ failed

Examined by:

Board Member

Board Member

Board Member