



WEST VIRGINIA DIVISION OF LABOR  
 ELEVATOR SAFETY  
 1900 KANAWHA BOULEVARD EAST  
 STATE CAPITOL COMPLEX - BUILDING 3, ROOM 200  
 CHARLESTON, WV 25305  
 PHONE (304) 558-7890 FAX (304) 558-2415  
[labor.wv.gov](http://labor.wv.gov)

**APPLICATION FOR NEW ELEVATOR MECHANIC LICENSE**

§ 21-3C-10a. On and after the first day of January, two thousand ten, no person may engage or offer to engage in the business of erecting, constructing, installing, altering, servicing, repairing or maintaining elevators or related conveyances covered by this article in this state, unless he or she has a license issued by the Commissioner of Labor in accordance with the provisions of this article.

**APPLICANT INFORMATION**

Last	First	Middle	Title
Mailing Address		E-Mail Address	
City		State	Zip Code
Phone Number (        )		Cell Phone Number (        )	
Local Union# (if applicable)			
Local Agent (if applicable)			

**PROOF OF ELIGIBILITY**

You, the applicant, must meet the following minimum qualifications:

I am at least eighteen (18) years of age; and

Please check only one (1) that applies:

I have successfully completed an educational program that is registered with the Bureau of Apprenticeship and Training of the US Department of Labor or successfully completed the educational program prior to being registered with the US DOL. **(A Copy of Your Certificate of Completion Must Be Attached or Application Will Be Rejected);** or

I am providing a combination of documented experience and educational credits of at least 4 years of recent and active experience in the elevator industry in construction, maintenance or service/repair or any combination thereof, as verified by current and previous employers listed to do business in this state, and am providing documentation of a score of 70% or better on a written competency examination approved by the division. **(Documentation of Experience, Educational Credits and Verification from Current and Previous Employers of At Least 4 Years Must Be Attached or Application Will Be Rejected).**

**LICENSE FEE**

Please include a check or money order in the amount of \$180.00 (2 yrs) payable to the WV Division of Labor. When you provide a check as payment, you authorize us to make a one-time electronic fund transfer from your account or to process the payment as an image transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn the same day you make your payment and you will not receive your check back from your financial institution.

**AFFIRMATION**

I hereby affirm under penalty of perjury that all of the information provided with this application is true to the best of my knowledge. By signing, you are also permitting the Division of Labor to confirm any information you provide on the application.

Signature	Date
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## EMPLOYMENT HISTORY

LIST ALL WORK EXPERIENCE BEGINNING WITH YOUR PRESENT OR MOST RECENT JOB. ANY CHANGE IN DUTIES, TITLE, OR EMPLOYMENT STATUS MUST BE LISTED AS A SEPARATE JOB. IF YOU NEED ADDITIONAL SPACE, PLEASE ATTACH A SEPARATE PAGE.

<b>1. Current Employer Name &amp; Address</b>		<b>WV Contractor License #</b> WV _____	
Current Employer Phone Number (        )		Current Employer Fax Number (        )	
Type of Business	Name of Supervisor	Position Held	Employer Phone No.
Employment Dates From: _____ to _____ month/year                      month/year	Employment Status <input type="checkbox"/> Paid Employment <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Number of hours per week ____ <input type="checkbox"/> Volunteer <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Number of hours per week ____		
<b>2. Employer Name &amp; Address</b>			
Type of Business	Name of Supervisor	Position Held	Employer Phone No.
Employment Dates From: _____ to _____ month/year                      month/year	Employment Status <input type="checkbox"/> Paid Employment <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Number of hours per week ____ <input type="checkbox"/> Volunteer <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Number of hours per week ____		
<b>3. Employer Name &amp; Address</b>			
Type of Business	Name of Supervisor	Position Held	Employer Phone No.
Employment Dates From: _____ to _____ month/year                      month/year	Employment Status <input type="checkbox"/> Paid Employment <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Number of hours per week ____ <input type="checkbox"/> Volunteer <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Number of hours per week ____		
<b>4. Employer Name &amp; Address</b>			
Type of Business	Name of Supervisor	Position Held	Employer Phone No.
Employment Dates From: _____ to _____ month/year                      month/year	Employment Status <input type="checkbox"/> Paid Employment <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Number of hours per week ____ <input type="checkbox"/> Volunteer <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Number of hours per week ____		