



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

APPLICATION FOR NEW ELEVATOR APPRENTICE REGISTRATION

§ 21-3C-10a. License requirements for elevator mechanics, accessibility technicians, limited technicians; contractor license requirements; supervision of elevator apprentices requirements. (f) An elevator apprentice who is enrolled in an apprenticeship program approved by the Commissioner, and who is in good standing in the program, may work under the supervision of a licensed elevator mechanic.

APPLICANT INFORMATION

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

PROOF OF ELIGIBILITY

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

I am at least eighteen (18) years of age.
 I can provide documentation of enrollment in an elevator apprentice program and I am in good standing.
 (Please attach the apprenticeship certification form.)

Please check only one (1) that applies:

<input type="checkbox"/> I am in my 1st year apprenticeship.	<input type="checkbox"/> I am in my 3rd year apprenticeship.
<input type="checkbox"/> I am in my 2nd year apprenticeship.	<input type="checkbox"/> I am in my 4th year apprenticeship.

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 signature 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.

1. Current Employer Name & Address			WV Contractor License # 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 ____		
2. Employer Name & Address			
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 ____		
3. Employer Name & Address			
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 ____		
4. Employer Name & Address			
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 ____		