

STATE OF VERMONT
DEPARTMENT OF PUBLIC SAFETY
DIVISION OF FIRE SAFETY
ELEVATOR SAFETY PROGRAM
1311 US ROUTE 302 - BERLIN
SUITE 600
BARRE, VT 05641

Phone: (802) 479-7564 Fax: (802) 479-7562
LICENSE APPLICATION FOR LIFT MECHANIC

Initial Application: Renewal: Reinstatement:
(check one of the above)

Last Name	First Name	Middle Initial	DOB
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Home Mailing Address	Social Security
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City	State	Zip Code	Home Phone Number
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Employer

City	State	Zip Code	Business Phone Number
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VT Inspector/Mechanic Number	License Expiration Date
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Has your license ever been suspended, revoked, limited or denied in this or any other jurisdiction?
Yes No

If yes, please explain.

• As applicable, applications must be accompanied by a copy of a current license from this state or another, or a copy of applicants QEI certification as well as a list of all elevator work experience for the last 5 years and total hours worked on elevators for each year. Include a name and phone number of a person we may contact at each location worked to verify experience.

New Application Fee: \$50.00 Renewal Fee: \$50.00 Reinstatement Fee: \$25.00

• Please make check payable to Elevator Safety Review Board.

Signature	Date
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An attachment may be added to provide all information requested.

EDUCATION

Name and Location of School

Dates Attended-Diploma?

High School

College

Other (Specify)

REFERENCE AS TO QUALIFICATIONS

Applicant will give the name and address of not fewer than three persons, unrelated to applicant, having knowledge of the applicants elevator background. (Signatures of references not required.)

NAME	ADDRESS	TELEPHONE NUMBER

DETAILED STATEMENT OF EXPERIENCE

DATES	Give detailed account of experience giving dates, employer and your duties

I hereby certify that this application contains no willful misrepresentation or falsifications, and that the information given by me is true and complete to the best of my knowledge and belief.

(Signature of Applicant)

Sworn to before me this _____ day of _____, _____

*(seal) s/ _____ * Notary seal necessary only for oaths taken outside of Vermont.
(Person Administering Oath)

FALSIFICATION OF ANY INFORMATION PROVIDED SHALL BE GROUNDS FOR REVOCATION OF LICENSE

EXAMINATION

Applications will be considered by the Board, and if found acceptable, applicant will be notified as to the time and place of examination.

VERMONT Department of Public Safety – Division of Fire Safety

License Questions - 1311 US Route 302, Suite 600, Barre, VT 05641-2351 [(802) 479-7564]

Certification Questions – 100 Mineral Street, Suite 307, Springfield, VT 05156 [(802) 885-8883]

**Applicant's Statement Regarding:
Child Support, Taxes, Unemployment Compensation, Fines & Penalties**

Child Support [15 V.S.A. § 795] - You must check one of the statements below regarding child support: As of this date:

- I do not have any children, OR
- I do not owe any child support, OR
- I do owe child support, but am under a plan with the Office of Child Support to pay all child support due

This certification is in regards to any children residing in Vermont, and where the license/certificate holder is a resident of Vermont, to any children residing in any other state or territory of the United States. For assistance contact the Office of Child Support, 103 South Main Street, Waterbury, VT 05676 [(802) 241-2180]

Taxes [32 V.S.A. § 3113] - You must check one of the statements below regarding taxes. As of this date:

- All tax returns have been filed. I do not owe any taxes, OR
- I owe taxes but am under a plan with the Department of Taxes to pay all taxes due, or the tax payments are under appeal

To determine status of a payment plan or appeal, or for assistance, contact the Supervisor of Tax Collections [(802) 828-2804]

Unemployment Compensation [21 V.S.A. § 1378] - You must check one of the statements below regarding unemployment contributions or payments in lieu of unemployment contributions. As of this date:

- I am not now, nor have I ever been, an employer; OR
- I do not owe any unemployment compensation, OR
- I owe unemployment compensation but am under a plan with the Unemployment Division to pay any and all unemployment compensation due

To determine status of a payment plan, or for assistance, contact the Department of Labor [(802) 828-4344]

Fine or Penalty [4 V.S.A. § 1110] – You must check one of the statements below regarding a fine or penalty issued by the judicial bureau or district court. As of this date:

- I am not under any obligation to pay a fine or penalty due to any unpaid judgment issued by the judicial bureau or district court, OR
- I am under such an obligation and am in good standing with respect to the obligation because 60 days or fewer have elapsed since the date a judgment was issued, or due to a repayment plan approved by the judiciary

For assistance contact the Office of Court Administrator, 109 State Street, Montpelier, VT 05609-0701 [(802) 828-3278]

Statement of Applicant

I certify, under the pains and penalties of perjury, that all information I have provided in this application is true and accurate. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application for licensure/certification or renewal. (The maximum penalty for perjury is 15 years in prison and/or a \$10,000 fine. 13 VSA § 2901)

Signature of Applicant _____

Date _____