

**APPLICATION FOR LICENSE /
RENEWAL OF LICENSE
ELEVATOR MECHANIC
CONVEYANCE SAFETY ACT**

Neb. Rev. Stat. § § 48-2501 – 48-2533 (Cum. Supp. 2006)

New License Renewal of License

GENERAL INFORMATION

Name (last, first, middle initial) _____

Social Security No. ‡ _____

Residence: Street Address _____

City, State, Zip _____

Business: Street Address _____

City, State, Zip _____

Home Phone # _____

Work Phone # _____

Cell. # _____

Fax # _____

‡ Note: Social Security numbers on application shall not be made public or be considered a part of a public record.

Prior to making this application, applicant has had work experience in the following with respect to conveyances*:

(circle where applicable): **constructing** **installing** **inspecting** **maintaining** **servicing/repair**
 (list years of experience): _____ yrs. _____ yrs. _____ yrs. _____ yrs. _____ yrs.

* Note: minimum of three years' work experience in conveyance industry construction, maintenance, and service or repair required.

EMPLOYMENT HISTORY (starting with most recent employment and going back five years; use additional space on page 3 if necessary)

Employer		Employed from:	To:
Address:		Supervisor	
Phone	Hours worked/week	Position Title	
Description of Duties			
If you were an elevator mechanic in this position, did you work without the direct and immediate supervision of a licensed elevator contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Number of employees supervised by you		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer		Employed from:	To:
Address:		Supervisor	
Phone	Hours worked/week	Position Title	
Description of Duties			

If you were an elevator mechanic in this position, did you work without the direct and immediate supervision of a licensed elevator contractor? Yes No

Number of employees supervised by you _____

May we contact this employer? Yes No

Training If you completed and passed an elevator mechanic examination of a nationally recognized training program for the conveyance Industry (National Elevator Industry Educational Program or equivalent) state:

Training Program Location _____ Dates of Attendance _____

Examination Location _____ Dates of Examination _____

Score _____ Please provide copy of certificate of completion with application.

Apprenticeship If you completed an apprenticeship program* for elevator mechanics, state:

Training Program Location _____ Dates of Attendance _____

Please provide copy of certificate of completion with application.

* Note: Apprenticeship program must have standards substantially equal to those of the Conveyance Safety Act, and must be registered with the Bureau of Apprenticeship and Training of the United States Department of Labor, or a state apprenticeship council.

For Renewals Only:

I have completed the 8-hour continuing education course for elevator mechanics. Yes No

If "yes," please provide: **Location** _____
Date(s) of Attendance _____

Please provide copy of certificate of completion with application.

If "no," are you applying for extension due to temporary disability? Yes No

If "yes," please provide application for extension of time (form available from Office of Safety & Labor Standards).

BACKGROUND INFORMATION

By submitting this application, applicant is granting permission to the Nebraska Workforce Development, Department of Labor to access criminal history record information of individuals, partners and/or corporate officers identified on the application, as required by *Neb. Rev. Stat. § 48-2521 (3) (g) (Cum. Supp. 2006)*, from the data banks of the Federal Bureau of Investigation, through the Nebraska State Patrol.

Note: an application fee must be submitted with this application, in the following amounts:

\$ _____ **Initial Application for License**

\$ _____ **Application for Renewal of License**

Typed or Printed Name of Applicant

Name

Date

United States Citizenship Attestation Form

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

I am a citizen of the United States.

— OR —

I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows:
_____, and I agree to provide a copy of my
USCIS documentation upon request.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

PRINT NAME

(first, middle, last)

SIGNATURE

DATE

ATTACHMENT #2

7/2009