



## **ELEVATOR MECHANIC AND LIMITED MECHANIC'S LICENSE APPLICATION**

City of Rochester Elevator Examining Board 30 Church Street Room 121-B, City Hall Rochester, New York 14614

#### **Summary of Instructions**

To obtain Elevator Mechanics or Limited Mechanics License you must:

- 1. City of Rochester exam application (attached) along with the required examination fee of \$60.00 payable to City of Rochester, Treasurer, to the Building Permit Office, 30 Church Street, Room 121-B, City Hall, Rochester, New York 14614. Forms of payment include; money order, personal check, Visa /MasterCard and cash (please do not send cash in the mail).
  - Submit proof that you meet the minimum requirements established for licensing. These requirements are described below. Read carefully the instructions for references and documentation found later in this brief.

Questions about when is a license required, qualifications for licensing, examinations, fees, penalties, etc can be answered by contacting the Building Permit Office, Room 121-B, City Hall or by purchasing the Elevator Code Book Chapter 50.

## **Minimum Experience Requirements**

The Elevator Examining Board has interpreted the minimum applicable requirements for licensing:

#### Requirements for Elevator Mechanic License

- 1. At least four (4) years experience in the elevator trade.
- 2. Pass the Elevator Mechanic Exam Administered by the City of Rochester Elevator Examining Board.
- 3. Submit evidence acceptable to the board of completion of the N.E.I.E.P. program.
- 4. Pay the Licensing fee
- 1. The four years applicable experience required shall consist either of the following:
  - a. Full-Time Work, it shall consist of at least four consecutive years with a minimum of 1,500 hours per year for a total of at least 6,000 hours of applicable experience.
  - b. Part-Time Work, it shall consist of at least 6,000 hours of applicable experience within the past ten years.

2. At least 50% or 3,000 hours out of the total requirement of 6,000 hours of applicable experience must consist of work in the field as an apprentice/ASME/contractor installing and/or repairing elevator equipment, etc covered by the A.N.S.I. A17.1 Code.

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- 3. The balance of not more than 3,000 hours out the total 6,000 hours may, at the Board's discretion, consist of either of the following types of experience or some combination of the two:
  - a. Successfully completed elevator course work in an accredited night school, two-year or four year college program or apprentice program as evidenced by diplomas, certificates, etc.
  - b. Elevator estimating, design, or supervision of work covered by the A.N.S.I. A17.1 Code. This experience should be supported by letters from the firms involved.

# Requirements for Limited Mechanic License

- 1. At least three (3) years experience installing handicapped lifts
- 2. Pass the Limited Mechanic Test administered by the Elevator Examining Board. Based on ASME A18.1 2003.
- 3. Pay required licensing fee.

MECHANIC/DEC1992/REV.DEC1993/REV.AUG1995.



First



Exam Date

## APPLICATION FOR ELEVATOR MECHNIC AND LIMITED MECHANIC'S LICENSE

City of Rochester Elevator Examining Board 30 Church Street, City Hall, Room 121-B Rochester, New York 14614

Middle

City/State/Zip

(Please Print)
Name (Last)

Address

Home Phone	Cell Phone		E-Mail		
Licensing Information					
License applying for:		I am currently a:			
( ) Mechanic ( ) Limited Mechanic		( ) Self-Employed Mechanic ( ) Employed Mechanic			
Do you currently hold an Elevator Mechanic	or Limited Mechanic License in	Have you ever had an Elevator Mechanic or Limited Mechanic			
any other state? ( ) Yes ( ) No		license denied, suspended or revoked? ( ) Yes ( ) No			
If yes, where?		If yes, when?			
Education					
Name		City & State		Years Completed	Year Graduated
High School					
College					
Correspondence Night School					
Business/Trade/Military/Other					
Employment					
For applicants who are claiming that all or part of their required experience is from being employed as an Elevator Mechanic/Limited Mechanic, list your employers for the past four (4) years starting with your most recent employer.					
A. Employer's Name		Start D	ate – End Date	Hours Per Week	
Address	City/State/Zip	City/State/Zip P		ne Number	
B. Employer's Name	,	Start D	ate – End Date	Hours Per Week	
Address	City/State/Zip	Phone Nu		lumber	
C. Employer's Name		Start D	ate – End Date	Hours Per Week	
Address	City/State/Zip	ty/State/Zip Phone No		umber	
D. Employer's Name		Start D	ate – End Date	Hours Per Week	
Address	City/State/Zip	I	Phone N	lumber	
I hereby certify the above statements and all attachments, made by me, which form this application, are true to the best of my knowledge and belief.					
SIGNATURE:		DATE:			

## PROOF OF EXPERIENCE INSTRUCTION FOR EMPLOYED MECHANCS/LIMITED MECHANICS

City of Rochester Elevator Examining Board 30 Church Street, City Hall, Room 121-B Rochester, New York 14614

For applicants who gained all or part of their elevator experience for contractors, your proof of experience must consist of one letter of reference from each employer you worked for in the last four years.

#### IT IS YOUR RESPONSIBILITY TO:

- 1. Fill in the employer's name, address, your name on the reference letters. Copies are included in this package, make more if needed.
- 2. For each employer, have a supervisory-level person (foreman, superintendent, owner) answer the questions and then sign and date in the date provided.
- 3. Make sure that the reference letters are returned **by the employer** to the Board.

#### **Notes to Remember**

- No action will be taken on your application until the required number of reference letters are returned to the Board.
- If you wish to claim credit for classroom training hours toward the minimum experience requirements, you must furnish the Board with a copy of a diploma, certificate, or affidavit that describes the type and length of the training. The Board may at their discretion, allow partial credit for this training.



reference.



# REFERENCE LETTER FOR EMPLOYED ELEVATOR MECHANIC AND LIMITED MECHANIC

# City of Rochester Elevator Examining Board 30 Church Street, City Hall, Room 121-B Rochester, New York 14614

(Please Print)			
Name of Reference	Contact Number:		
Address:	City/State/Zip		
Dear Reader:			
The following person has applied to the Board for an ( License for use in the City of Rochester.	) Elevator Mechanic or (	) Limited Mechanic	
NAME OF APPLICANT:			
One of the conditions for licensing is that the applicant me experience requirements established by the Board for Me who gained all or part of his/her experience while working letter of reference from a supervisory-level person (forememployed the applicant over the required period.	chanic/Limited Mechanic Lic g as a mechanic, the required	ense. For the mechanic I proof must consist of a	
The Board requests each employer to answer the following while he/she was employed by your firm.	g questions about the applic	ant's work experience	
The above applicant was employed by us as an Elevate Mechanic from:	1a. (Month/Year)		
2. During the period of time noted in <b>1a</b> above, the appl how many hours per week as an Elevator Mechanic/Li	Hours Per Week		
3. During the period of time noted in <b>1a</b> above, the appl approximately how many total hours?	Total Hours		
4. In your judgment, is the applicant qualified to do the vapplied for?	( )YES ( )NO		
It is the applicant's responsibility to furnish these letters of until the required number of reference letters are returned.			
DATE			
Signature of Reference	Title		
Subscribed and sworn before me on this day of	, 20	)	
Notary Public (Please Affix Stamp)			
Please note: No action will be taken on the Elevator Merequired number of approved inspection certificates and	•	-	



reference.



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The Board requests each employer to answer the following while he/she was employed by your firm.	ng questions about the applic	ant's work experience
5. The above applicant was employed by us as an Elevat	1a. (Month/Year)	
<ul> <li>Mechanic from:</li> <li>During the period of time noted in 1a above, the appl how many hours per week as an Elevator Mechanic/L</li> </ul>	Hours Per Week	
7. During the period of time noted in <b>1a</b> above, the appl approximately how many total hours?	Total Hours	
8. In your judgment, is the applicant qualified to do the applied for?	( )YES ( )NO	
It is the applicant's responsibility to furnish these letters of until the required number of reference letters are returned.		• •
DATE		
Signature of Reference	Title	
Subscribed and sworn before me on this day of	, 20	)
Notary Public (Please Affix Stamp)		
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