

ELEVATOR MECHANICS AND LIMITED MECHANICS LICENSE EXAM APPLICATION

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

Summary of Instructions

To obtain an Elevator Mechanics License you must:

- 1. Complete the City of Rochester exam application (attached) and submit it 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).
- 2. 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 a license is required, qualifications for licensing, examinations, fees, penalties, etc., can be answered by contacting 585-428-9339, online at cityofrochester.gov, by going to the Building Permit Office, Room 121-B, City Hall, or by obtaining the Elevator Code Book Chapter 50.

Minimum Experience Requirements

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

Requirements for an Elevator Mechanics License

- 1. At least four (4) years experience in the elevator trade.
 - a. Full-Time work 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 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/mechanic/contractor installing and/or repairing elevator equipment, etc covered by the ASME A17.1 Code.

- 3. The balance of not more than 3,000 hours out of 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 ASME 17.1 Code. This experience should be supported by letters from the firms involved.
- 4. Pass the Elevator Mechanic Exam Administered by the City of Rochester Elevator Examining Board.
- 5. Submit evidence acceptable to the board of completion of the N.E.I.E.P. program.
- 6. Pay the Licensing fee.

Requirements for Limited Mechanics license ASME A18.1 Code

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



First

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

Middle

City/State/Zip

Exam Date

(Please	Print)
Name (L	.ast)

Address

Home Phone	Cell Phone		E-Mail				
Licensing Information							
License applying for:	\		I am currently a:				
() Mechanics license (•	, ,	f-Employed Mecl	•		d Mechanic	
license in any other state?	Do you currently hold an Elevator Mechanic or Limited Mechanics license in any other state? Have you ever had an Elevator Mechanic or Limited Mechanics license denied, suspended or revoked?						
() Yes () No		() Yes () No					
If yes, where?		` ,	If yes, when?				
Education							
Name		City & State			Years impleted	Year Graduated	
High School							
College							
Correspondence Night School							
Business/Trade/Military/Other							
Employment							
For applicants who are claiming that Mechanic/Limited Mechanic, list your							
A. Employer's Name		Start I	Date – End Date	Hours	s Per Week		
Address	City/State/Zip	I	Phone Number				
B. Employer's Name		Start I	Start Date – End Date Hours Per Week				
Address	City/State/Zip		Phone Number				
C. Employer's Name		Start I	Start Date – End Date Hours Per Week				
Address	City/State/Zip		Phone Number				
D. Employer's Name	1	Start I	Date – End Date	Hours	s Per Week		
Address	City/State/Zip		Phor	ne Numbe	r		
I hereby portify the above statements and all attachments made by the which form this application are two to the best of							
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 City Hall, Room 121-B, 30 Church Street Rochester, New York 14614

For applicants who gained all or part of their elevator experience working 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, and your name on the reference letter for each employer. Copies are included in this package, please 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 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 letters must be notarized.



(Please Print) Name of Reference Contact Number: Address: City/State/Zip Dear Reader: The following person has applied to the Board for an () Elevator Mechanic or () Limited Mechanics **license** for use in the City of Rochester. NAME OF APPLICANT: __ One of the conditions for licensing is that the applicant must submit proof that he/she meets the minimum experience requirements established by the Board for Mechanic/Limited Mechanics license. For the mechanic who gained all or part of his/her experience while working as a mechanic, the required proof must consist of a letter of reference from a supervisory-level person (foreman, superintendent, or owner) in each firm which employed the applicant over the required period. The Board requests each employer to answer the following questions about the applicant's work experience while he/she was employed by your firm. The above applicant was employed by us as an Elevator Mechanic/Limited 1A. (Month/Year) Mechanic from: ____ to_ 2. During the period of time noted in 1A above, the applicant worked an average of Hours Per Week how many hours per week as an Elevator Mechanic/Limited Mechanic? 3. During the period of time noted in **1A** above, the applicant worked **Total Hours** approximately how many total hours? 4. In your judgment, is the applicant qualified to do the work covered by the license)YES ()NO applied for? It is the applicant's responsibility to furnish these letters of reference. No action will be taken on this application until the required number of reference letters are returned to the Board by the employer. 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 Mechanic/Limited Mechanic Application until the required number of approved inspection certificates and reference letters are returned to the Board by the reference.



*			
<i>(Please Print)</i> 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 Mechanics	
NAME OF APPLICANT:	_		
One of the conditions for licensing is that the applicant rexperience requirements established by the Board for M who gained all or part of his/her experience while worki letter of reference from a supervisory-level person (fore employed the applicant over the required period.	lechanic/Limited Mechanics liding as a mechanic, the required	cense. For the mechanic d proof must consist of a	
The Board requests each employer to answer the follow while he/she was employed by your firm.	ing questions about the applic	ant's work experience	
5. The above applicant was employed by us as an Eleva Mechanic from:	1a. (Month/Year)		
6. During the period of time noted in 1a above, the apphown many hours per week as an Elevator Mechanic/	Hours Per Week		
7. During the period of time noted in 1a above, the 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 until the required number of reference letters are return			
DATE			
Signature of Reference	Title		
Subscribed and sworn before me on this day o	.f, 20	.0	
Notary Public (Please Affix Stamp)			

Please note: No action will be taken on the Elevator Mechanic/Limited Mechanic Application until the required number of approved inspection certificates and reference letters are returned to the Board by the reference.