



Elevator Safety Program License Application

Department of Consumer and Business Services
Building Codes Division
1535 Edgewater St. NW, Salem, Oregon
Phone: 503-373-1268 • Web: oregon.gov/bcd

Mail application with payment to:

DCBS Fiscal Services
P.O. Box 14610
Salem, OR 97309-0445

- ☐ This application is for a new license.
☐ This application is to renew a license that expired more than 90 days ago.

Previous license no.: _____

APPLICANT INFORMATION (please print)

Name:
(Last, first, M.I.)

Address:
(Street or P.O. Box)

City:

State:

ZIP:

Phone:

Email:

Social Security number (required, ORS 25.785):

Your Social Security number (SNN) is required for BCD licenses, certifications, and registrations according to ORS 25.785, ORS 305.385, 42 USC § 405 (c)(2)(C)(i), and 42 USC § 666(a)(13). Failure to provide this information will be the basis for application refusal. Your SSN may be shared with other authorities only for tax-administration purposes and child-support enforcement (including identification).

ELEVATOR LICENSES AND FEES — *Application fees are not refundable.*

- | | | |
|--|------------|----------|
| <input type="checkbox"/> Limited elevator journeyman (E)..... | 70111/1001 | \$50.00 |
| <input type="checkbox"/> Limited elevator mechanic (LEM)..... | 70211/1001 | \$60.00 |
| <input type="checkbox"/> Reciprocating conveyor mechanic (RCM)..... | 70211/1001 | \$300.00 |
| <input type="checkbox"/> Restricted reciprocating conveyor mechanic (RRM)..... | 70211/1001 | \$50.00 |

Total fees paid: \$ _____

CURRENT/PREVIOUS LICENSES

List by license number any licenses or certifications (current or expired) issued to you by the Oregon Building Codes Division:

**Secure fax for
credit card payments:
503-947-2333**

If paying by credit card, applicant must sign credit card information box.

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	Phone: _____
_____	_____ / _____
Credit card number	Expiration date
Name of cardholder as shown on credit card	
_____	\$ _____
Cardholder signature	Amount

Applicant *must* sign Page 2 of application.

**Make check or money order payable to the
Department of Consumer and Business Services.
Do *not* send cash.**

DCBS Fiscal use only: 12104/0600

EMPLOYMENT EXPERIENCE

List your experience consecutively, beginning with your present or most recent position. Describe in detail your related duties and responsibilities. If you need more space to list experience, please attach additional pages.

Apprentices are required to submit only verification of successful completion of an apprenticeship program.

Please print

Employer's name:	Period of employment:
Address: _____	From: _____ To: _____
_____	Hours worked per week: _____
Phone: _____	Position/title: _____
Describe work performed: _____	

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Employer's name:	Period of employment:
Address: _____	From: _____ To: _____
_____	Hours worked per week: _____
Phone: _____	Position/title: _____
Describe work performed: _____	

By my signature, I affirm the information I provided is true, correct, and complete. I understand incorrect statements or omission of material facts may result in denial of this application.

Applicant signature: _____ Date: _____

DEPARTMENT USE ONLY

<input type="checkbox"/> Approved	Signature: _____	Date: _____
<input type="checkbox"/> Denied	Signature: _____	Date: _____
<input type="checkbox"/> Incomplete	Signature: _____	Date: _____
<input type="checkbox"/> Approved apprenticeship program completion verified. <input type="checkbox"/> Documentation of prior experience provided and verified.		
Comments: _____		
Type: _____ Application fee: _____		

Requirements for licensure

LIMITED ELEVATOR JOURNEYMAN LICENSE (E)

Scope: May install, maintain, and repair elevators, including all electrical and mechanical systems.

To qualify, an applicant must:

- (1) Complete and sign the Elevator Safety Program License Application 440-3180.
- (2) Submit verification from an apprenticeship program indicating that the applicant has completed the appropriate training program; or provide documentation, such as a certificate of completion or a letter from the National Elevator Industry Educational Program that includes completion of the mechanic's exam, and demonstrates successful completion of the National Elevator Industry Educational Program.
- (3) Pay application fee.

LIMITED ELEVATOR MECHANIC LICENSE (LEM)

Scope: May perform only the mechanical portions of any installation, alteration, repair, and maintenance of the elevator equipment.

To qualify, an applicant must:

- (1) Complete and sign the Elevator Safety Program License Application 440-3180.
- (2) Submit verification:
 - **Part A** – submit 4,000 hours of lawful experience obtained before Oct. 23, 1999, that is notarized in part B.
 - **Part B** – an Oregon business notarized verification of the hours in Part A in conjunction with the applicant having completed 40 or more elevator projects.
 - **Part C** – verification from a certified public accountant attesting the business has at least \$75,000 of gross business obtained before Oct. 23, 1999.
- (3) Pay the application fee.

RECIPROCATING CONVEYOR MECHANIC LICENSE (RCM)

Scope: May install, alter, repair, and maintain the mechanical portions of reciprocating conveyors.

To qualify, an applicant must:

- (1) Complete and sign the elevator safety program application 440-3180.
- (2) Submit verification:
 - **Part A** – submit 3,000 lawful hours in installation, alteration, repair, and maintenance of reciprocating conveyors.
- (3) Pay the application fee.

RESTRICTED RECIPROCATING CONVEYOR MECHANIC LICENSE (RRM)

Scope: May install, alter, repair, and maintain the mechanical portions of reciprocating conveyors only while under the physical supervision of a person who holds a limited elevator mechanic license or a reciprocating conveyor mechanic license.

To qualify, an applicant must:

- (1) Complete and sign the elevator safety program application 440-3180.
- (2) Pay the application fee.

ADDITIONAL INFORMATION

- If an exam is required, BCD will notify the applicant.

Visit the Oregon Building Codes Division website:
oregon.gov/bcd



Department of Consumer
and Business Services

Elevator Mechanic Experience Verification

Department of Consumer and Business Services Building Codes Division

1535 Edgewater St. NW, Salem, Oregon

Mailing address: P.O. Box 14470, Salem, OR 97309-0404

Phone: 503-373-1268 • Fax: 503-378-2322

Web: oregon.gov/bcd

Do not use this form if the
applicant has completed
an approved elevator
apprenticeship program.

Applicant: The employer verifying your experience must complete this form. Use one form for each employer.

Employer: Your prompt return of this completed and notarized form to the applicant will expedite the licensing process.

VERIFIER/APPLICANT INFORMATION (please print)		
Employer (business name):		Applicant:
Verifier and title:		Applicant's title:
Is this company still in business? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you or did you supervise the applicant directly? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer address: (street or P.O. Box)		
City:		State: ZIP:
Phone:	Fax:	Email:
(Use the company address and phone number if the company is still in business. Otherwise, use the verifier's current address and phone number.)		
Part A VERIFIED EXPERIENCE		
I certify that the applicant is/was employed by this firm from _____ to _____. MM/YYYY MM/YYYY		
The applicant's total work hours installing, altering, repairing, and maintaining equipment as noted are/were _____. No. of hours		
LEM – 4,000 lawful hours covered under the scope of the license.		
RCM – 3,000 lawful hours covered under the scope of the license.		
INFORMATION ABOUT THE APPLICANT'S WORK/JOB DUTIES		
Experience must be related to the installation, alteration, repair, or maintenance of elevator-industry equipment. Describe any special skills, training, or other qualifications of the applicant.		
SIGNATURE OF VERIFIER (LEM and RCM)		
I certify that the foregoing statements are true and correct.		
Signature of verifier: _____		
Print name: _____		Date: _____

PART B VERIFICATION OF APPLICANT'S WORK EXPERIENCE (LEM only)

I certify that the applicant has completed 40 or more elevator projects while obtaining the minimum 4,000 lawful work hours verified on Page 4 of this application.

Signature of verifier: _____

Print name: _____ Date: _____

Notary Public

State of _____ County of _____

Signed and sworn before me on _____
Date

Notary public signature: _____

My commission expires: _____
Date

This space is reserved for notary stamp.

PART C VERIFICATION OF EMPLOYER'S BUSINESS RECEIPTS (LEM only)

I _____, a certified public accountant, certify that the following company grossed \$75,000 or more in business receipts before Oct. 23, 1999.

Company name: _____

Company address (Street or P.O. Box): _____

City: _____ State: _____ ZIP: _____

Signature of CPA: _____ Print name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Notary Public

State of _____ County of _____

Signed and sworn before me on _____
Date

Notary public signature: _____

My commission expires: _____
Date

This space is reserved for notary stamp.