



# Elevator Safety Program License Application

Department of Consumer & Business Services  
Building Codes Division • Elevator Safety Program  
1535 Edgewater St. NW, Salem, Oregon  
Phone: 503-373-1268 • Fax: 503-378-2322  
Web: bcd.oregon.gov

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)			
Last	First	Middle initial	
Name: _____			
Address (street or P.O. Box): _____			
City: _____		State: _____	ZIP: _____
Phone: (    ) _____	Fax: (    ) _____	E-mail: _____	
Social Security number (Required, ORS 25.785):                      -                      -			
Your Social Security number 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 — <i>Application fees are not refundable.</i>			
<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**

**Applicant *must* sign Page 2 of application.**

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

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

**DCBS Fiscal use only: 12104/0600**

<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



**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: _____
Phone: (     )	Hours worked per week:
	Position/title:

Describe work performed: \_\_\_\_\_  
\_\_\_\_\_

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

Describe work performed: \_\_\_\_\_  
\_\_\_\_\_

Employer's name:	Period of employment:
Address: _____ _____	From: _____ To: _____
Phone: (     )	Hours worked per week:
	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: _____

Approved apprenticeship program completion verified.      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 NEIEP that includes completion of mechanic's exam, and that 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 CPA 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 Web site:  
**[bcd.oregon.gov](http://bcd.oregon.gov)**



**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 \_\_\_\_\_

This space is reserved for notary stamp.

Signed and sworn before me on \_\_\_\_\_  
Date

Notary public signature: \_\_\_\_\_

My commission expires: \_\_\_\_\_  
Date

**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 prior to 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 \_\_\_\_\_

This space is reserved for notary stamp.

Signed and sworn before me on \_\_\_\_\_  
Date

Notary public signature: \_\_\_\_\_

My commission expires: \_\_\_\_\_  
Date