



Limited 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:

Title:

Is this company still in business? ☐ Yes ☐ No Do you or did you supervise the applicant directly? ☐ Yes ☐ No

VERIFIED EXPERIENCE

I certify that the applicant is/was employed by this firm from _____ / _____ to _____ / _____.
Month Year Month Year

The applicant's total work hours installing, altering, repairing, and maintaining equipment as noted are/were _____.
no. of hours

LEM – Limited elevator mechanic license

Criteria: The verifier must confirm a minimum of 4,000 hours of verifiable substantial experience working on elevator industry equipment before Oct. 23, 1999.

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.

VERIFICATION OF APPLICANT'S WORK EXPERIENCE

I certify that the foregoing statements are true and correct.

Signature of verifier: _____ Print _____

Employer address: _____ Phone: _____

(Use company address and phone number if the company is still in business. Otherwise, use the verifier's current address and phone number.)

Street or P.O. Box: _____

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.

VERIFICATION OF EMPLOYERS'S BUSINESS RECEIPTS

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.