

EDUCATION INFORMATION

	Name and Location:	Dates Attended:	Diploma:
High School			YES NO
College			YES NO
Other (Specify)			YES NO

REFERENCE TO QUALIFICATIONS

Applicant will give the name and address of not fewer than three persons, unrelated to applicant, having knowledge of the applicant's elevator background. (Signatures of references not required)

Name:	Address:	Telephone:
1.		
2.		
3.		
4.		

EXPERIENCE INFORMATION

If you currently hold a valid license in another state please attach a photocopy of each license.

Please Initial the statements below to verify completion of application before submission

	Application is filled out ENTIRELY and to the best of my knowledge
	Appropriate documentation is INCLUDED (Completed Apprenticeship Certificate, Employer affidavit(s))
	Application/License fee is included

AFFIDAVIT OF APPLICANT

I hereby certify that this application contains no willful misrepresentation or falsifications, and that the information given by me is true and complete to the best of my ability.

Date:	Signature:	Printed Name

Sworn and Subscribed before me this _____ day of _____ 20__

_____ My Commission Expires _____

Notary Public Signature

State of _____ County of _____

(All applications MUST be notarized, notary seal only required for oaths taken outside of Vermont)

CONTACT INFORMATION

Questions: Please contact the Licensing Specialist @ (802) 479-7564 or DPS.DFSLicensing@vermont.gov

Mail completed application and fees to:

Division of Fire Safety
 Attn: Elevator Licensing Board
 45 State Drive, Waterbury VT 05671-8200

Applicant's Statement Regarding: Child Support, Taxes, Unemployment Compensation, Fines & Penalties

Child Support [15 V.S.A. § 795] - You must check one of the statements below regarding child support: As of this date:

- I do not have any children, OR
- I do not owe any child support, OR
- I do owe child support, but am under a plan with the Office of Child Support to pay all child support due

This certification is in regards to any children residing in Vermont, and where the license/certificate holder is a resident of Vermont, to any children residing in any other state or territory of the United States. For assistance contact the Office of Child Support, 103 South Main Street, Waterbury, VT 05676 [(802) 241-2180]

Taxes [32 V.S.A. § 3113] - You must check one of the statements below regarding taxes. As of this date:

- All tax returns have been filed. I do not owe any taxes, OR
- I owe taxes but am under a plan with the Department of Taxes to pay all taxes due, or the tax payments are under appeal

To determine status of a payment plan or appeal, or for assistance, contact the supervisor of tax collections [(802) 828-6809]

Unemployment Compensation [21 V.S.A. § 1378] - You must check one of the statements below regarding unemployment contributions or payments in lieu of unemployment contributions. As of this date:

- I am not now, nor have I ever been, an employer; OR
- I do not owe any unemployment compensation, OR
- I owe unemployment compensation but am under a plan with the Unemployment Division to pay any and all unemployment compensation due

To determine status of a payment plan, or for assistance, contact the department of labor [(802) 828-4254]

Fine or Penalty [4 V.S.A. § 1110] – You must check one of the statements below regarding a fine or penalty issued by the judicial bureau or district court. As of this date:

- I am not under any obligation to pay a fine or penalty due to any unpaid judgment issued by the judicial bureau or district court, OR
- I am under such an obligation and am in good standing with respect to the obligation because 60 days or fewer have elapsed since the date a judgment was issued, or due to a repayment plan approved by the judiciary

For assistance contact the Office of Court Administrator, 109 State Street, Montpelier, VT 05609-0701 [(802) 828-3278]

Statement of Applicant

I certify, under the pains and penalties of perjury, that all information I have provided in this application is true and accurate. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application for licensure/certification or renewal. (The maximum penalty for perjury is 15 years in prison and/or a \$10,000 fine. 13 VSA § 2901)

Signature of Applicant: _____ Date _____