



# ELEVATOR' LICENSE APPLICATION

## ALL CLASSIFICATIONS

We are required by the state of Vermont to have these forms filled out for our records each time you apply for a Commission, license or renewal. Be aware that if the information that is requested is not filled out completely it could be returned to you and delay the process.

### APPLICATION TYPE AND FEES

Mechanic \$75.00	Lift Mechanic \$50.00
Inspector \$150.00	

### APPLICANT INFORMATION

Full Legal Name: Last, First, Middle		Birth date:	Gender
Mailing address:	City:	State:	Zip Code:
Street address:	City:	State:	Zip Code:
Social Security no:	Cell phone no:	Home phone no.:	
Email Address: (Required)			

### EMPLOYMENT INFORMATION

Present Employer:	Employer address:	Employer phone no.:
Employment Dates:	Duties as employee:	
Prior Employer:	Employer address:	Employer phone no.:
Employment Dates:	Duties as employee:	
	to	
Prior Employer:	Employer address:	Employer phone no.:
Employment Dates:	Duties as employee:	
	to	

If additional employer space is needed please attach a separate page

**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](mailto:DPS.DFSLicensing@vermont.gov)

Mail completed application and fees to:

Division of Fire Safety  
 Attn: Elevator Licensing Board  
 1311 US RTE 302, Suite 600, Berlin  
 Barre, VT 05641

# 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 \_\_\_\_\_