



Rhode Island Department of Labor & Training
 Division of Workforce Regulation and Safety
Occupational Safety - Elevator Unit
 1511 Pontiac Avenue, P.O. Box 20157 Cranston, RI02920-0942
 Phone: (401) 462-8570 | Fax: (401) 462-8576

APPLICATION FOR EXAMINATION - ELEVATOR MECHANIC/INSTALLER EXAM FEE: \$ 60.00

Do you need this application in a language other than English? Yes No If yes, what language? _____

I hereby request an examination for a license as an Elevator Mechanic and certify that the following statements are true:

Name in Full: _____ Date of Birth: _____

Present Address: _____

Phone Number: _____

Email: _____

College: _____ Graduation Date: _____

High School: _____ Graduation Date: _____

Technical School: _____ Graduation Date: _____

WORK EXPERIENCE

<u>Employer</u>	<u>Address</u>	<u>Phone #</u>	<u>Employment Dates</u>	<u>Job Title</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Signature of Applicant: _____ Date: _____

Please print form and mail to above address with check payable to: **DLT/ElevatorUnit**

Important: See rule 4.0/RI Elevator Safety Code for individual license requirements. Along with this application, please include documented experience of completion in a department registered elevator mechanic’s apprenticeship program. This application, along with your documented experience, will be reviewed by the Chief Elevator Inspector. Once approved, you will be sent notification of the date and time of the exam.

If you have any questions or would like to know the status of your exam application, please email the Chief Elevator Inspector, Sean.Egan@dlt.ri.gov.