



DEPARTMENT OF PUBLIC SAFETY  
**DIVISION OF FIRE SAFETY**

205 Jefferson Street, Suite 1315  
Mailing Address: P.O. Box 844  
Jefferson City, MO 65102-0844  
Telephone: (573) 751-2263  
Fax: (573) 526-5971

**ELEVATOR MECHANIC II**

**APPLICATION FOR LICENSE**

**NOTE: Failure to provide adequate documentation of experience/work history, continuing education and other required documentation may result in denial or delay in issuance of this license/renewal.**

**Type of Application:     Initial License     Renewal**

**APPLICANT INFORMATION**

*PLEASE TYPE OR PRINT*

<b>Name of Applicant:</b>		<b>Home Phone Number:</b>	
<b>Home Address:</b>		<b>Cell Phone Number:</b>	
<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Email Address (if applicable):</b>			

**EXPERIENCE / EDUCATION**

**Applicant shall attach documentation of one of the following along with this application for the initial Mechanic II License:**

1. Proof the applicant has previously worked as an elevator mechanic without direct and immediate on-site supervision on equipment covered by ASME A18.1 for a period of no less than two (2) years prior to the effective date of the rule. (Applicant shall make application within one (1) year of the effective date of the rule); or
2. A certificate of completion documenting the applicant has successfully passed the mechanic examination of a nationally recognized training program for the elevator industry access products (ASME A18.1); or
3. A certificate of completion of an apprenticeship program registered with the United States Department of Labor's Bureau of Apprenticeship and Training for elevator mechanics; or
4. A valid license(s) issued by another state (the out of state licensing requirements meet or exceed Missouri requirements) and the license has not been revoked or suspended; or
5. For an applicant whose experience does not immediately precede their application, documentation acceptable to the department which establishes the applicant has sufficient previous elevator related training and experience. (Subject to the acceptance and approval of the Board.)

**For renewal of License, the applicant shall provide documentation of the following no less than thirty (30) days before the date of current license expiration:**

Course completion certificate(s) designed to indicate the number and type of continuing education hours related to the elevator industry as approved by the department documenting:

- 1) A minimum of sixteen (16) hours continuing education attained by the licensee within the two (2) year licensure period.
- 2) Of the minimum sixteen (16) hours of approved training, a minimum of two (2) hours, but no more than four (4) hours shall specifically relate to safety each calendar year.
- 3) Eight (8) hours of continuing education training shall be obtained within one (1) year immediately preceding any such license renewal.

**Continuing education hours for duplicated training sessions within the licensing period will not be accepted by the department.**

### **ADDITIONAL REQUIRED DOCUMENTATION**

**Include the following with this Application:**

- 1) **A copy of a valid state driver's license or state identification card as proof of applicant's identity; and**
- 2) **Two (2) passport-type photographs of applicant; and**
- 3) **A check or money order for the applicable licensing fee (\$75).**

**Failure to provide all required documentation may result in a denial or a delay in the issuance of a Missouri license.**

**I hereby certify that I have read, am familiar with and possess a copy of RSMo 701.350 through 701.383 and promulgated rules 11 CSR 40-5.010 through 11 CSR 40-5.195. As a Missouri licensed elevator mechanic, I will perform my duties in accordance with these rules and regulations.**

**I further certify that I have no direct financial interest in any business or operation which inspects elevator equipment.**

<b>Applicant's Signature:</b>	<b>Date:</b>
-------------------------------	--------------