

## STATE OF NEW HAMPSHIRE DEPARTMENT OF LABOR PO BOX 2076 CONCORD, NH 03302-2076

www.nh.gov/labor

Elevator Division:	Phone: 603-271-258	Fax: 603-271-2668	
	LICENSE APPLICA	TION FOR:	
Required:  □ Elevator Inspector □ Elevator Mechanic		☐Accessibility Lift Mechanic ☐Accessibility Lift Inspector	
☐Initial Application	□Renewal	□Reinstatement	
Last Name	First Name	Middle Initial	
Home Mailing Address		Email Address	
City	State Zip Code	Cell Phone Number Home Phone Numb	oer
Business Name (Company you work for)		Federal ID Number	
NH Inspector / Mechanic License Number License Expiration Date			
Do you hold a license in	another State? Yes_	No Which State?	
Has your license ever been sus please explain.	spended, revoked, limited o	or denied in this or any other jurisdiction? If y	es,
1303.05 or 1303.06 includi	ng total hours worked on e	related elevator work experience per Lab elevators or accessibility lifts for each year son at each location worked who can verify th	ıe
Renewal Fee: \$35.00	New Application Fee: \$5	Reinstatement Fee: \$50.00	
<ul> <li>Please make check payabl refundable.</li> </ul>	e to Treasurer, State of Ne	ew Hampshire, Application fees are <u>no</u> t	
Signature		// Date	
Form ELCA 3-16-18			