

Elevator License Application

Check all that apply

Initial Application
Renewal
Reinstatement

Elevator Inspector
Elevator Mechanic

Accessibility Lift Mechanic
Accessibility Lift Inspector

<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
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Home Mailing Address	City	State	Zip Code
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<i>Email Address</i>	<i>Cell Phone Number</i>	<i>Home Phone Number</i>
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<i>Employer Name (Company you work for)</i>	<i>Phone</i>	<i>Federal ID Number</i>
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<i>Employer Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
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NH Inspector / Mechanic Number _____ License Expiration Date _____

Do you hold a license in another state? Yes No If yes, which state? _____

Has your license ever been suspended, revoked, limited or denied in this or any other jurisdiction?

No Yes

If yes, please explain below. Use a separate page, if necessary.

- The application must be accompanied by a list of all related elevator work experience per Lab 1303.05 or 1303.06 including total hours worked on elevators or accessibility lifts for each year. Include a name and phone number of a contact person at each location worked who can verify the experience listed.

Renewal Fee: \$35.00 New Application Fee: \$50.00 Reinstatement Fee: \$50.00

- Please make check payable to, "Treasurer, State of New Hampshire". Application fees are not refundable.

- Submit completed application along with payment to: Department of Labor
Inspection Division
PO Box 2076
Concord NH 03302-2076

Signature

Date