

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 78780  
Milwaukee, WI 53293-0780  
**FAX #:** (608) 267-0592  
**Phone #:** (608) 266-2112

**Office Location:** 1400 E. Washington Avenue  
Madison, WI 53703  
**E-Mail:** [DSpscCredTrades@wi.gov](mailto:DSpscCredTrades@wi.gov)  
**Website:** <http://dsps.wi.gov>

## **DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING** **INSTRUCTIONS FOR ELEVATOR MECHANIC APPLICATION**

### **Requirements for Credential**

Per [Wis. Admin. Code § SPS 305.991](#), no person may erect, construct, alter, replace, maintain, repair, remove or dismantle conveyances unless the person holds a license issued by the Department as a licensed Elevator Mechanic. Per [Wis. Admin. Code § SPS 305.992](#), a person, who as a licensed Elevator Mechanic provides supervision of a registered Elevator Apprentice, a registered Elevator Apprentice Restricted, a registered Elevator Helper, a registered Lift Apprentice or a registered Lift Helper, shall be responsible for the work of the apprentice or helper with respect to compliance to [Wis. Admin. Code § SPS 318](#).

### **AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:**

**Criminal History Review (CIB Review)**: The issuance of an Elevator Mechanic license shall be contingent upon the Department's review of the applicant's criminal history record from the Department of Justice.

A person may obtain a credential as a licensed Elevator Mechanic by **one** of the following methods:

#### **Method 1 – Apprenticeship**

Completing a 4 year elevator apprenticeship.

1. **Application and Fee**: The fee consists of a \$15 application fee and a \$90 credential fee and an \$8.00 CIB fee, based on a 2 year term from the date of issuance.
2. **Elevator Apprenticeship**: A person applying for an Elevator Mechanic license shall have completed a 4 year elevator apprenticeship program recognized under [Wis. Stats. § 106](#) or the Federal Department of Labor. **Attach** a copy of a letter from the Wisconsin Bureau of Apprenticeship Standards or the Federal Department of Labor stating that you have satisfied the requirements of an elevator apprenticeship program. If you have any questions about apprenticeship standards, please contact the Wisconsin Bureau of Apprenticeship Standards at: <http://dwd.wisconsin.gov/apprenticeship/contacts.htm> or 608-266-3332.

#### **Method 2 – Experience and Examination**

Completing the necessary hours of experience and passing the Elevator Mechanic license examination.

1. **Application and Fee**: The fee consists of a \$15 application fee, a \$50 exam fee and an \$8.00 CIB fee. When the exam is passed the applicant will pay a \$90 credential fee, based on a 2 year term from the date of issuance.
2. **Experience**: A person applying for an Elevator Mechanic license examination shall have been continuously employed for at least 1,000 hours per year for 3 years immediately preceding the date of license application, and the employment must include work performed at a Journeyman level. **Complete** the Experience Table on Page 2.
3. **Examination**: Select an exam date on Page 2. For additional information on exam content, please view the Department website at <http://dsps.wi.gov> under “Licenses, Permits, and Registrations” and select “Trades Professions.”

#### **Method 3 –National Elevator Industry Educational Program and Experience**

Completing the National Elevator Industry Educational Program and having the necessary hours of experience.

1. **Application and Fee**: The fee consists of a \$15 application fee and a \$90 credential fee and an \$8.00 CIB fee, based on a 2 year term from the date of issuance.
2. **National Elevator Industry Educational Program**: **Attach** a copy of the completion certificate from the National Elevator Industry Educational Program.
3. **Experience**: A person applying for an Elevator Mechanic license shall have completed **one** of the following: (**Complete** the Experience Table on Page 2.)
  - a. **Experience hours immediately preceding** - Verify that during the 5 years immediately preceding the date of the application, you were employed for at least 1,000 hours in each of the 5 years performing work described under [Wis. Stats. § 101.984\(2\)\(a\) or \(b\)](#).
  - b. **Experience hours immediately preceding** - Verify that during the 5 years immediately preceding the date of the application, you were continuously employed for at least 1,000 hours in each of the 5 years in a capacity, other than in a capacity of performing work described under [Wis. Stats. § 101.984\(2\)\(a\) or \(b\)](#), that has allowed him or her to remain familiar with elevator equipment, technology, and industry practices. This experience may include performing management activities for a company that engages in the sale, installation, repair, or maintenance of conveyances, being involved in elevator industry labor relations, or supervising Elevator Mechanics.
  - c. **Experience hours not immediately preceding** - Verify that during any 5 years preceding the date of the application, you were employed for at least 1,000 hours in each of the 5 years performing work described under [Wis. Stats. § 101.984\(2\)\(a\) or \(b\)](#). **Attach** an additional page verifying that the experience was not immediately preceding due work being disrupted by high unemployment in the elevator industry, military service, illness, disability, or another factor beyond your control.



# Wisconsin Department of Safety and Professional Services

## EXPERIENCE TABLE: METHODS 2 AND 3

**Method 2:** Document at least 1,000 hours of experience per year for 3 years immediately preceding the application, and the employment must include work performed at the Journeyman level. The witness must have been the individual's employer and observed or had knowledge of the number of work hours in Journeyman level work. Copies of this page may be made to mail to witnesses to sign. (attach additional sheet(s) if necessary)

**Method 3:** Document at least 1,000 hours of experience per year for 5 years preceding the application performing work described under Wis. Stats. § 101.984 (2)(a) or (b). The witness must have observed or had knowledge of the number of work hours. Copies of this page may be made to mail to witnesses to sign. (attach additional sheet(s) if necessary)

Month/Year Began	Month/Year Ended	Hours	Signature of Witness	Phone # of Witness
□□ / □□	□□ / □□	□□□	□□□□□□□□□□	□□□□□
□□ / □□	□□ / □□	□□□	□□□□□□□□□□	□□□□□
□□ / □□	□□ / □□	□□□	□□□□□□□□□□	□□□□□
□□ / □□	□□ / □□	□□□	□□□□□□□□□□	□□□□□
□□ / □□	□□ / □□	□□□	□□□□□□□□□□	□□□□□

### TO SCHEDULE AN UPCOMING EXAM: METHOD 2

- Indicate a **first date choice (1)** and a **second date choice (2)** in the event one exam site is full.
- Submit the **fee and this application to the Department at least 30 days in advance of the exam date chosen.**
- Keep a copy of this application for your records. You may only schedule one future exam session at a time for each credential type.
- You will receive a letter from DSPS confirming your upcoming exam, including the time, date and location of the exam.
- If you need special accommodations, please contact us at [DSPSSCredTrades@wi.gov](mailto:DSPSSCredTrades@wi.gov)

<b>Select One:</b> <input type="checkbox"/> A.M. (Starts at 8:00 a.m.) <u>or</u> <input type="checkbox"/> P.M. (Starts at 1:00 p.m.)				
<b>Pewaukee – WCTC Education Center</b> 800 Main St., Pewaukee, WI 53072	<input type="checkbox"/> October 26, 2016	<input type="checkbox"/> November 9, 2016	<input type="checkbox"/> December 14, 2016	
	<input type="checkbox"/> January 25, 2017	<input type="checkbox"/> February 15, 2017	<input type="checkbox"/> March 8, 2017	<input type="checkbox"/> April 5, 2017
	<input type="checkbox"/> May 17, 2017	<input type="checkbox"/> June 21, 2017	<input type="checkbox"/> July 12, 2017	<input type="checkbox"/> August 23, 2017
	<input type="checkbox"/> September 27, 2017	<input type="checkbox"/> October 11, 2017	<input type="checkbox"/> November 8, 2017	<input type="checkbox"/> December 19, 2017
<b>Eau Claire – SleepInn Conference Center</b> 5872 33 <sup>rd</sup> Ave., Eau Claire, WI 54703	<input type="checkbox"/> February 2, 2017	<input type="checkbox"/> April 18, 2017	<input type="checkbox"/> June 6, 2017	<input type="checkbox"/> August 8, 2017
	<input type="checkbox"/> October 24, 2017	<input type="checkbox"/> December 6, 2017		
<b>Eau Claire – Best Western Plus Conference Center</b> 3340 Mondovi Rd., Eau Claire, WI 54701		<input type="checkbox"/> December 7, 2016		
<b>Appleton - Fox Valley Technical College</b> 1825 North Bluemound Dr., Appleton 54914	<input type="checkbox"/> November 22, 2016	<input type="checkbox"/> January 11, 2017	<input type="checkbox"/> March 21, 2017	<input type="checkbox"/> May 3, 2017
	<input type="checkbox"/> July 25, 2017	<input type="checkbox"/> September 12, 2017	<input type="checkbox"/> November 21, 2017	

# Wisconsin Department of Safety and Professional Services

**ARE YOU A VETERAN?** If yes, please view the Department website at <http://dsps.wi.gov> under "Licenses, Permits, and Registrations" and select "Military Benefits Related to Licensure for Eligible Veterans Services Members and Spouses" for eligibility requirements.

If you qualify, are you requesting a waiver of your initial credentialing fee?  Yes  No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number:

You may contact the DVA at 1-800-WisVets or [www.WISVET.com](http://www.WISVET.com) for assistance in obtaining your DVA Voucher Code and/or documents related to your training.

**CONTINUING EDUCATION AND RENEWAL REQUIREMENTS:** Please view the Department website at <http://dsps.wi.gov> under "Licenses, Permits, and Registrations" and select "Trades Professions."

## CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

- A citizen or national of the United States, or
- A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

## CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

## AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature:  Date:  /  /