

Wisconsin Department of Safety and Professional Services

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FAX #: (608) 267-0592
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Office Location: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: DSPSCredTrades@wi.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING

INSTRUCTIONS FOR ELEVATOR MECHANIC RESTRICTED APPLICATION

Requirements for Credential

Per [Wis. Admin. Code § SPS 305.991](#), the activities that may be undertaken by a person who holds a license or registration as a licensed Elevator Mechanic Restricted or a registered Elevator Apprentice Restricted shall be limited to the repair and maintenance of conveyances and the replacement of conveyance components and subsystems except the replacement of hoist ropes and governor ropes.

Per [Wis. Admin. Code § SPS 305.993](#), a person, who as a licensed Elevator Mechanic Restricted 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 Restricted 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 Restricted by **one** of the following methods:

Method 1 – Apprenticeship

Completing a 2 year elevator maintenance apprenticeship.

1. **Application and Fee:** The fee consists of a \$15 application fee and a \$90 credential fee, based on a 2 year term from the date of issuance.
2. **Elevator Maintenance Apprenticeship:** A person applying for an Elevator Mechanic Restricted license shall have completed a 2 year elevator maintenance 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 maintenance 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 Restricted license examination.

1. **Application and Fee:** The fee consists of a \$15 application fee and a \$50 exam 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 Restricted license examination shall have been employed for at least 1,000 hours per year for 3 years immediately preceding the date of license application, and the employment must include Elevator Mechanic Restricted level work experience in each year of the 3 years. **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.”

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DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING

APPLICATION FOR ELEVATOR MECHANIC RESTRICTED LICENSE

Under Wisconsin law, the Department must deny your application if you are liable for delinquent State Taxes or Child Support (Wis. Stats. § 440.12).

PLEASE TYPE OR PRINT IN INK Your name and address are available to the public. Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14).

Last Name <input style="width: 95%;" type="text"/>	First Name <input style="width: 95%;" type="text"/>	MI <input style="width: 95%;" type="text"/>	Date of Birth <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 10px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> </tr> </table>							

Address (street, city, state, zip) <input style="width: 98%;" type="text"/>	Daytime Telephone Number <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 10px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> </tr> </table>										

Social Security # <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 10px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> </tr> </table>									Your Social Security Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.

Race/Sex information is required for criminal background check.

Race: White American Indian or Alaskan Native Hispanic
 Black Asian or Pacific Islander Other

Sex: Male Female

Have you ever held a Trades credential in WI? Yes No If yes, list your credential number:

Email Address

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

- I am seeking a Veteran Fee Waiver** (for Initial Credential Fee only, see Page 3 for further information)
- Method 1 - Apprenticeship**
 \$15.00 Application Fee
\$90.00 Credential Fee
\$105.00 Total Fee Attached
- Method 2 – Experience and Exam**
 \$15.00 Application Fee
\$50.00 Exam Fee
\$65.00 Total Fee Attached
- Reinstatement Fee (credential expired more than 2 years)**
 \$15.00 Application Fee
 \$50.00 Exam Fee
 \$8.00 CIB Fee
\$25.00 Late Renewal Fee
\$98.00 Total Fee Attached

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

- Fee and Application** (including signature on Page 3)
- Supporting Documentation for Method Applying by** (see Page i for instruction, i.e. letter of apprenticeship completion)
- Is name on all credentials the same? If not, list former/maiden name(s):**

Wisconsin Department of Safety and Professional Services

EXPERIENCE TABLE: METHOD 2

Document at least 1,000 hours of experience per year for 3 years immediately preceding the application, and the employment must include Elevator Mechanic Restricted level work experience in each year of the 3 years. The witness must have observed or had knowledge of the number of work hours in Elevator Mechanic Restricted level work. 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
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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 DSPSCredTrades@wi.gov

Select One: <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.)				
Pewaukee – WCTC Education Center 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
Eau Claire – SleepInn Conference Center 5872 33 rd 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		
Eau Claire – Best Western Plus Conference Center 3340 Mondovi Rd., Eau Claire, WI 54701		<input type="checkbox"/> December 7, 2016		
Appleton - Fox Valley Technical College 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	

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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 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: / /