

Wisconsin Department of Safety and Professional Services

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Office Location: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: DSpscRedTrades@wisconsin.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL 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 ch. SPS 318](#).

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

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. Stat. ch. 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 “PROFESSIONS” and select “Elevator Mechanic Restricted.”

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APPLICATION FOR ELEVATOR MECHANIC RESTRICTED LICENSE

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stat. §§ 440.12 and 440.13).

PLEASE TYPE OR PRINT IN INK		<input type="checkbox"/> Your name, address, phone number, and e-mail address are available to the public. Check box to withhold street address/PO Box, phone number, and e-mail address from lists of 10 or more credential holders (Wis. Stat. § 440.14).	
Last Name	First Name	MI	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Address (street)	(city)	(state)	(zip code)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime Telephone Number	<input type="text"/> - <input type="text"/> - <input type="text"/>		
Social Security Number	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.		
<input type="text"/>	<input type="text"/>		
Have you ever held a Trades credential in WI? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list your credential number: <input type="text"/>			
E-mail Address			
<input type="text"/>			

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application. To pay by credit card see [Form #3073](#).

- I am seeking a Veteran Fee Waiver (for Initial Credential Fee only, see below 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
\$25.00 Late Renewal Fee
\$90.00 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):

ARE YOU A VETERAN? If yes, please view the DSPS website at <https://dsps.wi.gov/Pages/Professions/MilitaryLicensureBenefits.aspx> for information and eligibility requirements for veterans, service members, former service members, and their spouses.

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

If Yes, provide copy of WI Dept of Veterans Affairs (WDVA) voucher code and list your WDVA Voucher Code #: _____

(You may contact the WDVA at 1-800-947-8387 or dva.wi.gov for assistance in obtaining your WDVA Voucher Code and/or documents related to your training.)

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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 sheets if necessary.)

Month/Year Began	Month/Year Ended	Hours	Signature of Witness	Phone # of Witness
□□/□□□□	□□/□□□□	□□□	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> (Print and Sign Form)	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
□□/□□□□	□□/□□□□	□□□	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> (Print and Sign Form)	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
□□/□□□□	□□/□□□□	□□□	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> (Print and Sign Form)	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
□□/□□□□	□□/□□□□	□□□	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> (Print and Sign Form)	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
□□/□□□□	□□/□□□□	□□□	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> (Print and Sign Form)	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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 see information at <https://dps.wi.gov/Pages/Professions/TradesExaminationInformation.aspx> or email DSPSCredTrades@wisconsin.gov.

Select One : A.M. (starts at 8:00 a.m.) <input type="checkbox"/> or P.M. (starts at 1:00 p.m.) <input type="checkbox"/> (If taking a 2-part plumbing exam or 5-hour exam, you will be scheduled for both the A.M. <u>and</u> the P.M. session.)				
DeForest – (new location) Comfort Inn and Suites 5025 County Road V DeForest, WI 53532	<input type="checkbox"/> February 15, 2022	<input type="checkbox"/> February 16, 2022	<input type="checkbox"/> April 27, 2022	<input type="checkbox"/> April 28, 2022
	<input type="checkbox"/> June 21, 2022	<input type="checkbox"/> June 22, 2022	<input type="checkbox"/> August 23, 2022	<input type="checkbox"/> August 24, 2022
	<input type="checkbox"/> October 4, 2022	<input type="checkbox"/> October 5, 2022	<input type="checkbox"/> December 13, 2022	<input type="checkbox"/> December 14, 2022
Pewaukee – (new location) Ingleside Hotel 2810 Golf Road Pewaukee, WI 53072	<input type="checkbox"/> January 4, 2022	<input type="checkbox"/> January 5, 2022	<input type="checkbox"/> March 15, 2022	<input type="checkbox"/> March 16, 2022
	<input type="checkbox"/> May 24, 2022	<input type="checkbox"/> May 25, 2022	<input type="checkbox"/> July 26, 2022	<input type="checkbox"/> July 27, 2022
	<input type="checkbox"/> September 13, 2022	<input type="checkbox"/> September 14, 2022	<input type="checkbox"/> November 29, 2022	<input type="checkbox"/> November 30, 2022
Eau Claire – Sleep Inn and Suites 5872 33rd Ave, Eau Claire, WI 54703	<input type="checkbox"/> April 12, 2022	<input type="checkbox"/> April 13, 2022	<input type="checkbox"/> August 9, 2022	<input type="checkbox"/> August 10, 2022
Appleton – Doubletree by Hilton Appleton 150 South Nicolet Road Appleton, WI 54914	<input type="checkbox"/> January 18, 2022	<input type="checkbox"/> January 19, 2022	<input type="checkbox"/> March 1, 2022	<input type="checkbox"/> March 2, 2022
	<input type="checkbox"/> May 3, 2022	<input type="checkbox"/> May 4, 2022	<input type="checkbox"/> July 12, 2022	<input type="checkbox"/> July 13, 2022
	<input type="checkbox"/> September 27, 2022	<input type="checkbox"/> September 28, 2022	<input type="checkbox"/> November 8, 2022	<input type="checkbox"/> November 9, 2022
Wausau – (new location) Fairfield By Marriott 7100 Stone Ridge Dr, Weston, WI 54476	<input type="checkbox"/> February 1, 2022	<input type="checkbox"/> February 2, 2022	<input type="checkbox"/> June 7, 2022	<input type="checkbox"/> June 8, 2022
	<input type="checkbox"/> October 25, 2022	<input type="checkbox"/> October 26, 2022		

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CONTINUING EDUCATION AND RENEWAL REQUIREMENTS: Please view the Department website at <http://dsps.wi.gov> under "PROFESSIONS" and select "Elevator Mechanic Restricted."

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 have provided to the Department of Safety and Professional Services change.

Signature: Date: / /

(Print and Sign Form)