

Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way
Madison, WI 53705
Phone Number: (608) 266-2112

LicensE Portal: [License.wi.gov](https://license.wi.gov)
Email: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING ELEVATOR MECHANIC LICENCE APPLICATION INFORMATION

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 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 by **one** of the following methods:

A. Apprenticeship - Completing a 4-year elevator apprenticeship.

1. **Application and Fees:** Apply and pay fees online in LicensE, <https://license.wi.gov>. Fees will be calculated in LicensE. If needed, you can save your application and complete and submit it later. **NOTE:** If DSPS requests additional documents they must be uploaded within three (3) months from the date they were requested. Failure to do so may result in having to submit a new application and pay fees.
2. **Elevator Apprenticeship:** A person applying for an Elevator Mechanic license shall have completed a 4-year elevator apprenticeship program recognized under [Wis. Stat. ch. 106](#) or the Federal Department of Labor. **Upload** 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) 733-3930.

B. Experience and Examination - Completing the necessary hours of experience and passing the Elevator Mechanic license examination.

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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** Form 3142T on the next page.
3. **Examination:** You will be made eligible to test after your application has been submitted and reviewed. If additional documents are required you will be made eligible to test after all documentation has been received and reviewed. A communication will be sent once you are made eligible to test. Please check your "junk" or "spam" email folders. You can also check the status of your application by entering your Preliminary Application Number (PAR) at <https://license.wi.gov/s/application-status-lookup>. If you fail an exam, you must login to License, <https://license.wi.gov>, and pay another exam fee.

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

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National Elevator Industry Educational Program: **Upload** a copy of the completion certificate from the National Elevator Industry Educational Program.
2. **Experience:** A person applying for an Elevator Mechanic license shall have completed **one** of the following: (**Complete** Form 3142T on the next page.)
 - 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. Stat. § 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. Stat. § 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. Stat. § 101.984\(2\)\(a\) or \(b\)](#). **Upload** 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.

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING ELEVATOR MECHANIC EXPERIENCE FORM (3142T)

APPLICANT Complete the applicant section of the form. Obtain the required signatures in the Experience Table then upload the completed form into your License account, <https://license.wi.gov>. (See page i of Form 3142 for more information.)

Last Name: _____ First Name: _____ MI: _____ Former/Maiden Names: _____

Preliminary Application Number (PAR): _____

Category B: 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. (Use additional sheets if necessary.)

Category C: Document at least 1,000 hours of experience per year for 5 years preceding the application performing work described under [Wis. Stat. § 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. (Use additional sheets if necessary.)

Began (mm/yyyy)	End (mm/yyyy)	Hours	Witness Printed Name	Witness Phone No.	Witness Signature (If unable to provide a digital signature print and sign form.)
___/___/_____	___/___/_____				
___/___/_____	___/___/_____				
___/___/_____	___/___/_____				
___/___/_____	___/___/_____				
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