

ELEVATOR INSPECTOR LICENSE APPLICATION

Elevator Examining Board City Hall, Room 121-B 30 Church Street Rochester, New York 14614

Summary of Instructions

To obtain an Elevator Inspector's Certificate of Registration:

- Complete the attached application and submit it with the required application fee payable to City of Rochester, Treasurer, to the Building Permit Office, Room 121-B, 30 Church Street, Rochester, New York 14614. Forms of payment include; money order, personal check, Visa /MasterCard and cash (please do not send cash in the mail). The required application fee of \$100.00 is due at the time of application.
- 2. Submit proof that you meet the minimum requirements established for licensing. These requirements are described below. Read carefully the instructions for references and documentation found later in this brief.

Questions about when a certificate is required, qualifications for licensing, fees, penalties, etc., can be answered by contacting 585-428-9339, online at <u>cityofrochester.gov</u>, by going to the Building Permit Office, Room 121-B, City Hall, or by obtaining the Elevator Code Book Chapter 50.

Minimum Requirements for Registration

The Elevator Board of the City of Rochester requires that each applicant for Elevator Inspector License have these minimum applicable requirements for licensing:

- 1. Applicant shall make an application to the Rochester Elevator Examining Board detailing appropriate experience and shall possess and maintain a current Qualified Elevator Inspector (QEI) Certification.
- 2. Applicant must demonstrate an acceptable combination of experience and education credits. Five 5 years (@1750 hours per year) work experience in the elevator industry in construction, maintenance and service or repair, and this must be verified by current and previous employers.
- 3. Applicant must submit a certificate of insurance from an insurance company license to do business in the State of New York as evidence of insurability in levels as specified by the Commissioner of Neighborhood and Business Development.



ELEVATOR INSPECTOR LICENSE APPLICATION

City of Rochester Elevator Examining Board City Hall, Room 121-B, 30 Church Street, Rochester, New York 14614

Name (Last)	Firs	[M.I.	QEI	License Number	Exam Dat	e
Address				I	City/State/Zip		
Home Phone	Cell F	Phone			E-Mail		
Licensing Informatio	n						
Have you ever had an El If yes, when?	evator Inspector'	s license denied, susp	ended or	revok	ed? () Yes () 1	No
Do you currently hold an	Elevator Inspect	or's license in any othe	er state?	()	Yes () No		
If yes, where?							
I am currently a:	elf-Employed Insp	pector () Employed	l Inchact	or			
· · · ·	sii-Employed inst	pector () Employed	mspecii	JI			
Education						Years	Year
	Name			City & State		Completed	Graduated
High School							
College							
Correspondence Night S	chool						
Business/Trade/Military/0	Other						
Employment		II an mant of the in man			and in forms bailed		- Flavorton
For applicants who are Inspector, list your em							1 Elevator
A. Employer's Name				O			
			;	Start L	Date – End Date	Hours Per Weel	<
Address		City/State/Zip		Start L		Hours Per Weel Number	<
B. Employer's Name		City/State/Zip					
					Phone Date – End Date	Number Hours Per Weel	
B. Employer's Name Address		City/State/Zip City/State/Zip		Start [Phone Date – End Date Phone	Number Hours Per Weel Number	<
B. Employer's Name				Start [Phone Date – End Date	Number Hours Per Weel	<
B. Employer's Name Address				Start [Phone Date – End Date Phone Date – End Date	Number Hours Per Weel Number	<
B. Employer's Name Address C. Employer's Name		City/State/Zip		Start [Phone Date – End Date Phone Date – End Date	Number Hours Per Weel Number Hours Per Weel	<
B. Employer's Name Address C. Employer's Name Address		City/State/Zip		Start [Phone Date – End Date Phone Date – End Date Phone Date – End Date	Number Hours Per Weel Number Hours Per Weel Number	ζ
B. Employer's Name Address C. Employer's Name Address D. Employer's Name Address		City/State/Zip City/State/Zip City/State/Zip		Start [Phone Date – End Date Phone Date – End Date Phone Date – End Date Phone Phone Phone	Number Hours Per Weel Number Hours Per Weel Number Hours Per Weel Number	(
B. Employer's Name Address C. Employer's Name Address D. Employer's Name Address I hereby certify the abo		City/State/Zip City/State/Zip City/State/Zip		Start [Phone Date – End Date Phone Date – End Date Phone Date – End Date Phone Phone Phone	Number Hours Per Weel Number Hours Per Weel Number Hours Per Weel Number	(
B. Employer's Name Address C. Employer's Name Address D. Employer's Name Address		City/State/Zip City/State/Zip City/State/Zip		Start [Phone Date – End Date Phone Date – End Date Phone Date – End Date Phone Phone Phone	Number Hours Per Weel Number Hours Per Weel Number Hours Per Weel Number	(



PROOF OF EXPERIENCE INSTRUCTIONS FOR ELEVATOR INSPECTOR

City of Rochester Elevator Examining Board City Hall, Room 121-B, 30 Church Street Rochester, New York 14614

Applicants who gained all or part of their elevator experience working for contractors, your proof of experience must consist of one letter of reference from each employer you worked for in the last five years.

IT IS YOUR RESPONSIBILITY TO:

- 1. Fill in the employer's name, address, and your name on the reference letter for each employer. Copies are included in this package, please make more if needed.
- 2. For each employer, have a supervisory-level person (foreman, superintendent, owner) answer the questions and then sign and date in the date provided.
- 3. Make sure that the reference letters are returned by the employer to the Board.

Notes to Remember

- No action will be taken on your application until the required number of reference letters are returned to the Board.
- If you wish to claim credit for classroom training hours toward the minimum experience requirements, you must furnish the Board with a diploma, certificate, or affidavit that describes the type and length of the training. The Board may at their discretion, allow partial credit for this training.



REFERENCE LETTER FOR ELEVATOR INSPECTOR LICENSE

City of Rochester Elevator Examining Board City Hall, Room 121-B, 30 Church Street Rochester, New York 14614

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(· · · · · · · · · · · · · · · · · · ·		
Name of Reference	Contact Number:	
Address:	City/State/Zip	
Dear Reader:		
The following person has applied to the Elevator Examini City of Rochester.	ng Board for an Elevator Insp	ector License for use in the
NAME OF APPLICANT:		
One of the conditions for licensing is that the applicant mexperience requirements established by the Board for Insegained all or part of his/her experience while working as of a letter of reference from a supervisory-level person (femployed the applicant over the required period.	spector License . For the mechanic/inspector, the rec	nanic /inspector who quired proof must consist
The Board requests each employer to answer the following while he/she was employed by your firm.	ng questions about the applic	ant's work experience
1. The above applicant was employed by us as an Elevat	tor Inspector from:	1A. (Month/Year) to———
2. During the period of time noted in 1A above, the app how many hours per week as an Elevator Mechanic/I		Hours Per Week
3. During the period of time noted in 1A above, the app approximately how many total hours?	licant worked	Total Hours
4. In your judgment, is the applicant qualified to do the work covered by the license applied for?		()YES ()NO
It is the applicant's responsibility to furnish these letters until the required number of reference letters are returned.		
DATE		
Signature of Reference	Supervi	sory Position
Please put any comments you care to add on the ba		the Elevator Examining



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(Please Print)

(Fiedse Frint)		
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The Board requests each employer to answer the following he/she was employed by your firm.	g questions about the applica	nt's work experience while
1. The above applicant was employed by us as an Elevator Inspector from:		1A. (Month/Year) to
During the period of time noted in 1A above, the a average of how many hours per week as an Elevator	• •	Hours Per Week
3. During the period of time noted in 1A above, the a approximately how many total hours?	pplicant worked	Total Hours
4. In your judgment, is the applicant qualified to do the license applied for?	()YES ()NO	
It is the applicant's responsibility to furnish these letters of until the required number of reference letters are returned		
DATE		
Signature of Reference	Supervis	ory Position
Please put any comments you care to add on the back Board at the above address. Thank you for your coop		he Elevator Examining