

Minnesota Department of Labor and Industry  
 Construction Codes and Licensing Division  
 Licensing and Certification Services - Elevator  
 443 Lafayette Road North  
 St. Paul, MN 55155



CC0510

## Individual Elevator License Examination Application

Mailing Address:  
 PO Box 64217  
 St. Paul, MN 55164-0217

E-mail: dli.license@state.mn.us  
 Web Site: www.dli.mn.gov  
 Telephone: (651) 284-5031

**Application Fee = \$50.00**

<b>MAKE CHECK OR MONEY ORDER PAYABLE TO: MINNESOTA DEPARTMENT OF LABOR &amp; INDUSTRY</b>	<b>SPACE IN BOX FOR OFFICE USE ONLY</b>			
<b>SELECT THE LICENSE YOU ARE APPLYING FOR:</b>	Account #	632475	STK	B42ELVLIC
<input type="checkbox"/> Master Elevator Constructor <input type="checkbox"/> Journeyman Elevator Constructor <input type="checkbox"/> Limited Master Elevator Constructor <input type="checkbox"/> Limited Journeyman Elevator Constructor	Check Number		Amount Paid	
	<input type="checkbox"/> PCK	<input type="checkbox"/> CCK	<input type="checkbox"/> MO	DLI Deposit Date
	<b>NOTICE:</b> Pursuant to Minnesota Statute § 604.113, checks returned for nonpayment will be charged a \$30 service charge and may subject the issuer to additional civil penalties.			
<b>Is this a license exam RETEST?</b>	If <b>YES</b> , submit <b>application</b> form and fee <b>only</b> . (No work verification is required)			
<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>				
<b>PRINT IN INK OR TYPE MAKE A COPY OF THIS APPLICATION FOR YOUR RECORD</b>	APPLICATION NUMBER:			

**ALL APPLICANTS MUST COMPLETE THE ATTACHED ELEVATOR WORK EXPERIENCE VERIFICATION FORM**

<b>LICENSED / REGISTERED</b> <i>(please provide a copy of your license / registration)</i> <input type="checkbox"/> MN Registered Unlicensed Elevator Constructor <input type="checkbox"/> Licensed in a state other than Minnesota	<b>EDUCATION (original transcript must be attached)</b> <input type="checkbox"/> State approved elevator education program
--	---

The information you as an individual provide in this application will be used by Department of Labor & Industry staff members to determine if you meet the Department's registration requirements. Minnesota Statute § 270C.72, Subd. 4, requires you to provide your social security number on this application. The other information is being requested for purposes of processing your application. With the exception of your Social Security, you are not legally required to supply the requested data on this application; however, failure to provide the requested information may delay the processing of your application or result in the denial of the same. Except for your name and designated address, the information you provide on this application is private data while the application is pending. Disclosure of this information to others may occur as authorized or required by law, including but not limited to the Attorney General's Office, the Department of Revenue, the Department of Human Services, upon court order, and/or for the purpose of verification and investigation. Once you are registered, the information you provide, other than your Social Security Number and non-designated address, becomes public data and may be released to anyone upon request.

<b>SOCIAL SECURITY NUMBER</b>	<b>DATE OF BIRTH (MM/DD/YY)</b>	<b>AREA CODE &amp; PHONE NUMBER</b>	<b>E-MAIL ADDRESS</b>		
<b>LEGAL LAST NAME</b>	<b>SUFFIX (JR, SR, II,III)</b>	<b>LEGAL FIRST NAME</b>	<b>LEGAL MIDDLE NAME</b>		
<b>RESIDENTIAL ADDRESS</b>			<b>PUBLIC MAILING ADDRESS (if different from residential address)</b>		
<b>CITY NAME</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>CITY NAME</b>	<b>STATE</b>	
				<b>ZIP CODE</b>	
Is the residential address above a non-designated (private) address?		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	If <b>Yes</b> , then you must provide a designated (Public) mailing address.		
<b>APPLICANT SIGNATURE</b>				<b>DATE SIGNED (MM/DD/YY)</b>	

This material can be made available in different forms, such as large print, braille or on an audio.



CC0100

## ELEVATOR

### Work Experience Verification Form

**PRINT clearly IN INK OR TYPE**  
**MAKE A COPY OF THIS FORM FOR YOUR RECORDS**

<b>Applicant's Legal Name:</b>	<b>License / Registration Number: (if applicable)</b>	<b>SSN: (Last 4 digits Only)</b>
--------------------------------	---	----------------------------------

License Type:

- |   |  |
|---|--|
| <input type="checkbox"/> Master Elevator Constructor      | <input type="checkbox"/> Limited Master Elevator Constructor     |
| <input type="checkbox"/> Journeyman Elevator Construction | <input type="checkbox"/> Limited Journeyman Elevator Constructor |

To apply for licensure and examination, the applicant must provide verification of their employment and qualifying work. Verification information required includes: name, address, and phone number of the employer, applicant's dates of employment with the employer, class of work performed; and hours worked. The information provided on this form is public data and shall be used to qualify the individual identified above for licensure and examination. **Individuals with multiple employers during the reporting period must make copies of the form and have each employer complete a separate verification.**

Employer Name			License / Registration Number	
Employer Address			Telephone	
City	State	Zip	Email Address	
Name of Responsible Individual		License Number	Title	

Qualifying work experience is measured on a monthly basis. In order to accurately verify qualifying experience, the actual hours worked in each Class of Work must be reported. Credit of not more than 160 hours per month or 2000 hours per year is allowed as qualifying experience. Hours reported on this form must be supported by records maintained by the employer and demonstrate experience qualifying with M.S. §326B.163. Knowingly providing inaccurate or fraudulent information may subject the violator to disciplinary action and a monetary penalty of up to \$10,000 per violation. To obtain additional information regarding work experience please visit our website at [www.dli.mn.gov](http://www.dli.mn.gov).

<b>Date of Employment:</b>		Are the hours reported on this form taken from payroll records? <input type="checkbox"/> YES <input type="checkbox"/> OTHER (specify)
<b>Start Date:</b>	<b>End Date:</b>	

**Complete a separate work experience form for each year of employment.**

CLASS OF WORK	Hours Worked
PLANNING FOR THE INSTALLATION OF WIRING, APPARATUS AND EQUIPMENT FOR ELEVATOR RELATED DEVICES	
LAYING OUT FOR THE INSTALLATION OF WIRING, APPARATUS AND EQUIPMENT FOR ELEVATOR RELATED DEVICES	
SUPERVISING THE INSTALLATION OF OF WIRING, APPARATUS AND EQUIPMENT FOR ELEVATOR RELATED DEVICES	
ELEVATOR WORK ON RESIDENTIAL ELEVATORS, PLATFORM LIFTS, STAIRWAY CHAIRLIFTS, DUMBWAITERS, MATERIAL LIFTS, LIMITED USE OR LIMITED APPLICATION ELEVATOR EQUIPMENT, CONVEYORS, AND SPECIAL PURPOSE ELEVATORS.	
INSTALLING APPARATUS, EQUIPMENT, AND WIRING FOR ELEVATORS	
TOTAL OF ALL QUALIFYING HOURS WORKED (MAX 2,000 HOURS PER YEAR)	

**Form must be signed by the designated Responsible Person and Applicant.** I certify that I personally know or that the employer's employment records verify that this individual, during the referenced employment period, engaged in the identified classes of work for the number of hours shown. The applicant's signature below acknowledges agreement with the information provided on this form.

RESPONSIBLE PERSON'S SIGNATURE	DATE SIGNED	APPLICANT'S SIGNATURE	DATE SIGNED
--------------------------------	-------------	-----------------------	-------------

**WORK EXPERIENCE VERIFICATION FORM INSTRUCTIONS**  
**READ CAREFULLY BEFORE COMPLETING THIS FORM**

**WORK EXPERIENCE VERIFICATION FORM MUST COMPLETED BY EMPLOYER** - Registered unlicensed individuals, as part of renewing their registration, must provide verification of their employment by a licensed contractor or registered employer during the registration period. This form reports the verified hours and is adapted for use by unlicensed individuals registered to perform electrical, elevator plumbing, and high pressure pipefitting work. The reason for verifying work hours each year along with renewing a registration is so the registered individual does not have to verify these hours when applying for a license examination. Verifying hours annually when renewing a registration allows the department to track experience as it is gained and subsequently enable approval of applications for examination much quicker.

**REGISTERED UNLICENSED INDIVIDUAL** - Registration information is pre-printed on the form for the registered individual. The work period being verified is the 12-month registration period printed on the form. Address information printed on the form is the unlicensed individual's mailing address. Updates to the individual's personal or mailing address may be noted on the registration renewal form. Address changes may also be made using a form available online at [www.dli.mn.gov/ccld.asp](http://www.dli.mn.gov/ccld.asp). A copy of the form should be used for each employer when the individual has been employed by more than one employer during the 12-month registration. **NOTE: In order to gain work experience in Minnesota you must be registered as an unlicensed individual elevator constructor and work under a licensed elevator contractor.**

**EMPLOYER INFORMATION (MANDATORY)** Enter the employer's business name, address, license or registration number, contact's phone number, and email address. (NOTE: License number is mandatory, if business holds contractor license number.) Enter the employer's designated responsible individual's name and license number. The individual's license number must match what the department has on record as the designated responsible individual and license number.

**UNLICENSED INDIVIDUAL'S WORK EXPERIENCE** - Provide exact dates of employment during the 12-month registration period (see dates printed on the verification form). Include the month, day, and year. Indicate whether the hours reported on the form are taken from payroll records; and if not, specify the other forms of documentation used to verify the individual's work experience. For each class of work identified, enter the actual hours the individual performed that class of work during the registration period. (Note: Blanks will be assigned 0 hours.) Enter the total number of electrical work hours verified, which may not exceed 2,000 hours.

**CERTIFICATION SIGNATURE AND DATE** - The employer's designated responsible individual must certify, with a signature, that the registered unlicensed individual performed the identified classes of work for the number of hours entered on the form during the 12-month registration period. The registered unlicensed individual's signature on the form acknowledges agreement with the information verified by the employer.

**QUALIFYING FOR A LICENSE EXAMINATION** - Work verification is for the following license classifications, which require a minimum number of months/hours qualifying work experience to become licensed. Detailed information on qualifying for a license exam is available at <http://dli.mn.gov/CCLD/LicElectricalExperience.asp>

License Class	Minnesota Statutes	Requirements
Master Elevator Constructor (EM)	326B.164	60 Months (10,000 hours)*or 12 months working as a Journeyman Elevator Constructor (EL) under a licensed elevator contractor
Journeyman Elevator Constructor (EL)	326B.164	Four year elevator mechanical apprenticeship registered with United States Department of Labor or worked at least 9,000 hours in five consecutive years for a licensed elevator contractor
*Limited Master Elevator Constructor (LM)	326B.164	36 Months (6,000 hours) under a licensed elevator contractor
*Limited Journeyman Elevator Constructor (LJ)	326B.164	24 months (4,000 hours)

\*Limited Master Elevator Constructor and Limited Journeyman Elevator Constructor work experience will be verified by permits that were filed with the Department.