



STATE OF MARYLAND  
DEPARTMENT OF LABOR  
**ELEVATOR SAFETY REVIEW BOARD**  
100 SOUTH CHARLES STREET, TOWER 1  
BALTIMORE, MARYLAND 21201  
FAX: 410-244-0977  
TTY USERS CALL MARYLAND RELAY SERVICE  
E-MAIL: [elevator@dllr.state.md.us](mailto:elevator@dllr.state.md.us)

<b>FOR OFFICE USE ONLY</b>	
Date received:	_____
Approved:	_____
Denied:	_____
Reason:	_____
Reg. No.	_____

**APPLICATION FOR ELEVATOR RENOVATOR MECHANIC LICENSE**

1. APPLICANT INFORMATION				
Last Name	First and Middle Name	Date of Birth (MM/DD/YY)	Birth City/State	Social Security No.
Residence Address (street address, city, state and zip code)			Home ( ) -	Work ( ) -
County	Time in the Renovator Trade	E-mail address	Fax ( ) -	Cell or Other ( ) -
2. CERTIFICATION AND SIGNATURE OF CURRENT EMPLOYER				
Name of Elevator Renovator Contractor		Title		License No./State Issued
Name of Organization		E-mail Address		
Business address (street address, city, state and zip code)		Business ( ) -	Fax ( ) -	
I, the licensed renovator contractor, certify under penalty or perjury the applicant is employed by this firm from ____ / ____ / ____ to Present. MM DD YY				
Employer Signature: _____		Date: _____		
3. APPLICATION LICENSE & FEE				
Upon Board approval, you must submit a \$25 non-refundable application fee and a \$175 licensing fee. Please make your check or money order payable to the Elevator Safety Review Board Fund. Do not send your payment with this application.				
4. PROOF OF ELIGIBILITY				
You, the applicant, must have one of the following qualifications to apply for your elevator renovator mechanic license. Provide documentation for the following options (Check one):				
<input type="checkbox"/> You have applied on or before April 1, 2014, and demonstrate to the Board a minimum of 3 years of experience engaged in elevator renovation acceptable to the Board; or				
<input type="checkbox"/> You have applied after April 1, 2014, and demonstrate to the Board an acceptable combination of experience and education; and pass an exam approved by the Board.				
5. BACKGROUND INFORMATION				
1. Have you ever been convicted of a felony or misdemeanor in any State or Federal Court? <input type="checkbox"/> Yes <input type="checkbox"/> No				
2. Have you ever had this license denied, suspended, or revoked by Maryland or any other State? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If your answer is "YES" to any of the above questions, please provide details on a separate sheet of paper and a true test copy with this application. Failure to provide this information may result in the refusal of the Board to issue you a license.				
6. CERTIFICATION				
I hereby certify, under penalty, that all information contained herein is true and correct to the best of my knowledge, information, and belief. I further authorize the release of any information contained within this application to an authorized representative of the Department of Labor for further investigation. I further certify that I have paid all undisputed taxes and unemployment insurance contributions payable to the Comptroller of the Department of Labor or have provided for payment in a satisfactory manner to the unit responsible for collection.				
Signature			Date (MM/DD/YY)	