STATE OF MAINE

DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION OFFICE OF PROFFESIONAL & OCCUPATIONAL REGULATION

ELEVATOR AND TRAMWAY SAFETY PROGRAM

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Janet T. Mills
GOVERNOR

DIRECTOR

DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION

VERIFICATION OF COMMERCIAL WORK EXPERIENCE

(To be completed by the elevator company or the equivalent)

Applicant Information Name of Applicant: Mailing Address: **Qualifications for Licensure** Name of Company of the equivalent Address of Company Date of Supervision by the Undersigned To: From: An applicant must have at least 2 years' experience in the service, repair, alteration or installation of elevators and lifts while employed by an elevator company or has equivalent experience. Select applicable work experience. **Commercial Lift Experience Commercial Elevator Experience** At least 2 years' experience in the service, At least 2 years' experience in the service, repair, alteration or installation of repair, alteration or installation of LIFTS **ELEVATORS** while employed by while employed by an elevator company. elevator company; At least 4000 hours' experience, over at least a At least 4000 hours' experience, over at least a 2-year period, in the service, repair, alteration 2-year period, in the service, repair, alteration or installation of **ELEVATORS** other than or installation of LIFTS other than while while employed by an elevator company; or employed by an elevator company; or Has at least 4000 hours experience, over at Has at least 4000 hours experience, over at least a 2-year period, in the service, repair, least a 2-year period, in the service, repair, alteration or installation of ELEVATORS alteration or installation of **LIFTS** either either while employed by an elevator while employed by an elevator company or in company or in any other capacity. any other capacity. I attest to the work experience and work hours completed by the above-named licensee while under my employment or supervision and I understand that falsification of this affidavit could result in investigation of my license and may result in sanctions. Signature of Elevator Company Representative Date Name of Company: _____ ECP#: ____ Company's Address: _____ _____ Company Email: _____ Company Phone: _____