



STATE OF MAINE
 DEPARTMENT OF PROFESSIONAL
 AND FINANCIAL REGULATION
 OFFICE OF LICENSING & REGISTRATION
 ELEVATOR AND TRAMWAY SAFETY PROGRAM
 35 STATE HOUSE STATION
 AUGUSTA, MAINE
 04333-0035
 (207) 624-8672 □

Janet T. Mills
GOVERNOR

ANNE L. HEAD
DIRECTOR

Elevator and Tramway Safety Program

VERIFICATION OF WORK EXPERIENCE (To be completed by the elevator company or the equivalent)

Applicant Information

Name of Applicant:
Mailing Address:
Email Address:

Qualifications for Licensure

Name of Company or the equivalent
Address of Company
Date of Supervision by the Undersigned
From: _____ To: _____
<p>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 the equivalent experience. Select applicable work experience.</p> <p><input type="checkbox"/> At least 2 years' experience in the service, repair, alteration or installation of elevators while employed by an elevator company;</p> <p><input type="checkbox"/> At least 4000 hours' experience, over at least a 2-year period, in the service, repair, alteration or installation of elevators other than while employed by an elevator company; or</p> <p><input type="checkbox"/> Has at least 4000 hours experience, over at least a 2-year period, in the service, repair, alteration or installation of elevators either while employed by and elevator company or in any other capacity.</p>

I attest to the work experience and work hours completed by the above-named applicant while under my employment or supervision and I understand that falsification of this affidavit could result in an investigation and may result in sanctions.

Signature of Elevator Company Representative or equivalent: _____

Date: _____

Phone #: _____

Email Address: _____