



Rhode Island Department of Labor & Training
 Division of Occupational Safety-Elevator Unit
 1511 Pontiac Avenue, P.O. Box 20157 Cranston, RI 02920-0942
 Phone: (401) 462-8570 Fax: (401) 462-8576

**APPLICATION FOR EXAMINATION
 MECHANIC/INSTALLER
 EXAM FEE: \$ 60.00**

The undersigned, representing _____ located at _____
 _____ hereby request that _____
 who is employed by the above named company, be examined for a license.

Type of License: _____

Signed: _____ Title: _____

I hereby make application for a license as a _____ and certify that the following statements are true:

Name in Full: _____
 Present Address: _____
 Social Security Number: _____
 Phone Number: () _____

College: _____ Graduation Date: _____
 High School: _____ Graduation Date: _____
 Technical School: _____ Graduation Date: _____

WORK EXPERIANCE

	<u>EMPLOYEE</u>	<u>ADDRESS</u>	<u>EMPLOYMENT DATES</u>	<u>JOB TITLE</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Signature of Applicant: _____ Date: _____

Fee: _____ Verified: _____ License Number: _____

Exam Grade: _____ License Issued: _____ Retest: _____

Please print form and mail to above address with check payable to: **DLT/Elevator Unit**