



## ***New Jersey Office of Attorney General***

Division of Consumer Affairs  
Elevator, Escalator, and Moving Walkway  
Mechanics Licensing Board  
124 Halsey Street, 6th Floor, P.O. Box 45054  
Newark, New Jersey 07101  
(973) 504-6260

### **Application for an Elevator Mechanic's License Instruction Sheet** (Pursuant to N.J.A.C. 13:44M-2.1)

#### **General Information**

An individual who applies for the Elevator Mechanics license shall submit the following application. The application fee for the Elevator Mechanics license application is \$100.00 and is nonrefundable. The fee must be paid in the form of a check or money order made payable to the State of New Jersey. The application must be neatly printed or typewritten. All sections of the application must be fully completed before the application can be processed. If the application is not of sufficient size to furnish the required information, a supplemental sheet of the same size may be enclosed with the application (please refer to the section for which you have used the supplemental sheet).

Applicants seeking licensure to engage in the Elevator Mechanics business must be 21 years of age or older.

The Affidavit section of the application must be executed and signed in the presence of a notary public. All applicants seeking licensure to engage in the Elevator Mechanics business shall:

1. Have proof of successfully passing either the NAEC CET certification examination or the NEIEP examination;
2. An applicant for licensure shall have been employed for at least three years in the elevator, escalator, or moving walkway trade in either:
  1. New Jersey; or
  2. Another state, if the applicant can show the years of employment completed in the other state would satisfy the experience and training required to take the NAEC CET certification examination or the NEIEP examination.

Your application will be reviewed by the Elevator, Escalator, and Moving Walkways Mechanics Licensing Board once you have satisfied these preliminary requirements.

Please be advised that if you have served in the Armed Forces of the United States and you do not meet all of the training, education, and experience requirements for licensure under N.J.A.C. 13:44M-2.1, you may submit a request to the Board to consider your training, education or experience while serving as a member of the Armed Forces towards the requirements for licensure.



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### **Applicant for an Elevator Mechanic's License Submissions Checklist**

Applicant:

Please review this checklist before sending in your application. Any materials not included may cause a delay in the processing of your application.

- The application (Please note that **every** section must be completed.)
- The nonrefundable application fee is \$100.00
- The application must be properly executed and notarized.

The applicant **must**:

- Submit proof of completion of the NAEC CET certification examination or the NEIEP examination;
- Submit proof of having been employed for at least three years in the elevators, escalators, or moving walkway trade in either New Jersey; or

Another state, if you can show that the years of employment in the other state would satisfy the experience and training required to take the NAEC CET certification examination or the NEIEP examination;

- Submit a copy of birth certificate or other government document as proof of age.

Attach a clear, full-face passport-style photograph (2"x 2") of your head and shoulders, taken within the past six months.

A photograph is required with each application.

Do not use staples to attach the photograph.



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### For Office Use Only

#### Approved

By \_\_\_\_\_

Date \_\_\_\_\_

#### Rejected

By \_\_\_\_\_

Date \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Application for an Elevator Mechanic's License

Application date: \_\_\_\_\_  
Month Day Year

Certification number: \_\_\_\_\_

A nonrefundable application filing fee of \$100, in the form of a check or money order made out to the State of New Jersey, must be submitted with this application. (Applicants should understand that if the application filing fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the examination process will be delayed until the fee is paid.)

The Division is precluded by law from disclosing to the public the place of residence of licensees or applicants, without their consent. However, you are required to provide an address that may be released to the public in our directories or in response to other requests (by putting a check in the appropriate box). If you provide your place of residence as your public address of record, we will assume that you have consented to have that address be disclosed. If you do not consent to the disclosure of your place of residence, you should provide an address of record other than your place of residence that may be released to the public. One of your addresses must include a street, city, state and ZIP code.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

**Please print clearly. You must answer all of the questions on this application.**

### Personal Information

Date of birth: \_\_\_\_\_  
Month Day Year

1. Name  Mr. \_\_\_\_\_  
 Mrs. \_\_\_\_\_ ( \_\_\_\_\_ )  
 Ms. \_\_\_\_\_  
Last name First name Middle initial Maiden name

#### 2. Address

Home: \_\_\_\_\_  
Street or P.O. Box City State ZIP code County

\_\_\_\_\_ Telephone number (include area code) \_\_\_\_\_ E-mail address

Business: \_\_\_\_\_  
Name of company Telephone number (include area code)

\_\_\_\_\_ Street City State ZIP code County

Mailing: \_\_\_\_\_  
Street or P.O. Box City State ZIP code County

a. Have you ever changed your name?  Yes  No

If "Yes," please submit with this application a copy of the marriage certificate, divorce decree or court order.

b. Are you over 21 years of age?  Yes  No

If "Yes," please submit with this application a copy of your birth certificate or other government document as proof of your age. If "No," do not complete or submit this application. You do not meet the age requirement.

3. Social Security Number

You **must** provide your Social Security number to the Board or Committee. Failure to do so will result in denial/nonrenewal of licensure or certification.

\*Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7, 60.8 and 60.9, the Board or Committee is required to obtain your Social Security number. Pursuant to these authorities, the Board or Committee is also obligated to provide your Social Security number to:

- a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records; and
- b. the Probation Division or any other agency responsible for child support enforcement, upon request.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

- U.S. citizen
- Alien lawfully admitted for permanent residence in U.S.
- Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

5. Child Support (**You must answer a, b, c and d.**)

Please certify, under penalty of perjury, the following:

- a. Do you currently have a child-support obligation?  Yes  No
  - (1) If "Yes," are you in arrears in payment of said obligation?  Yes  No
  - (2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months?  Yes  No
- b. Have you failed to provide any court-ordered health insurance coverage during the past six months?  Yes  No
- c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding?  Yes  No
- d. Are you the subject of a child-support-related arrest warrant?  Yes  No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions a(1) through d will result in a denial of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure or certification.

\_\_\_\_\_  
Applicant's name (please print)

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

6. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state, the District of Columbia or in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.)  Yes  No

If "Yes," provide 10 year abstract.

7. Have you ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury.  Yes  No

If "Yes," provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)

8. Do you currently hold, or have you ever held, a professional or occupational license or certificate of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No

If "Yes," for each license or certificate held, provide the date(s) held and the number(s). If the license or certificate was issued under a different name, please provide that name. \_\_\_\_\_

		Last name	First name	Middle initial
_____	_____	_____	_____	_____
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
_____	_____	_____	_____	_____
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
_____	_____	_____	_____	_____
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
_____	_____	_____	_____	_____
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired

9. Have you ever been disciplined or denied a professional or occupational license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No

10. Have you ever had a professional or occupational license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No

11. Has any action (including the assessment of fines or other penalties) ever been taken against your professional or occupational practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No

12. Have you ever been named as a defendant in any litigation related to the practice of elevators, escalators, and moving walkway mechanics installing, constructing, altering, serving, repairing, testing or maintaining elevators, and moving walkway or other professional or occupational practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No

13. Are you aware of any investigation pending against a professional or occupational license or certificate issued to you by a professional or occupational board in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No

14. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No

15. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional or occupational group related to the practice of elevators, escalators, and moving walkway mechanics installing, constructing, altering, serving, repairing, testing or maintaining elevators, and moving walkway or other professional or occupational practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No

If the answer to any of the above questions, numbers 9 through 15, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.



# AFFIDAVIT

**This affidavit is to be executed by the applicant before a notary public:**

State of: \_\_\_\_\_ }  
County of: \_\_\_\_\_ } *ss.*

I, \_\_\_\_\_, in making this application to the Elevator, Escalator, and Moving Walkways Mechanic's License Board for licensure or certification under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the Elevator, Escalator, and Moving Walkways Mechanic's License Board, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny licensure or certification or to withhold renewal of or suspend or revoke a license or certificate issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:14H-1 et seq., together with the Rules and Regulations of the Elevator, Escalator, and Moving Walkways Mechanic's License Board, N.J.A.C. 13:44M, and fully understand that in receiving licensure from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure or certification. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

\_\_\_\_\_  
Signature of applicant

Sworn and subscribed to before me this \_\_\_\_\_

day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

\_\_\_\_\_  
Name of Notary Public (please print)

\_\_\_\_\_  
Signature of Notary Public





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**Elevator Mechanic's License  
Certification of Practical Experience**

An applicant who is an employee of an Elevator Mechanic's business must submit one (1) form for each employer who can certify the applicant's practical experience. An applicant who is an owner of an Elevator Mechanic's business must submit two (2) forms from other business owners engaged in the Elevator industry who can certify the applicant's practical experience. You may make copies of the form as needed.

A separate form must be completed for each reference you are submitting with your application for a license.

If performed outside of New Jersey, please explain the detailed work according to N.J.A.C. 13:44M-2.1

Please print clearly.

**Applicant**

Name \_\_\_\_\_

\_\_\_\_\_ Street address City State ZIP code

Telephone number (include area code) \_\_\_\_\_

**Reference**

Name \_\_\_\_\_

Company name \_\_\_\_\_

\_\_\_\_\_ Street address City State ZIP code

Telephone number (include area code) \_\_\_\_\_

The applicant noted above has made application for a license issued by the Elevator, and Escalator, and Moving Walkway Mechanic's Licensing Board and has asked you to certify his/her practical experience.

1. How long have you known the applicant? \_\_\_\_\_ years
2. The applicant has been employed in the Elevator Mechanic's business for \_\_\_\_\_ years.

**This Affidavit must be executed before a Notary Public.**

I, \_\_\_\_\_, swear or affirm that all of the information I have provided herein with regard to the applicant is true to the best of my knowledge and belief.

Sworn and subscribed to before me this \_\_\_\_\_  
day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

\_\_\_\_\_  
Name of Notary Public (please print)

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Signature of reference



Affix seal here