

CITY OF SYRACUSE

APPLICATION TO THE BOARD OF ELEVATOR EXAMINERS
FOR ELEVATOR INSPECTOR'S LICENSE
INSTALLER'S LICENSE
AND LIMITED INSTALLER'S LICENSE

Instructions: Please provide detailed information about your experience. Return your application with any supporting documents with proof of Insurance. Your application is to be accompanied by a check in the Amount of \$200 for Installers & Inspectors and \$100 for Limited Installers payable to the Commissioner of Finance to:

DIVISION OF CODE ENFORCEMENT
AT IN ELEVATOR LICENSING
CITY HALL COMMONS ROOM 101
201 E. WASHINGTON ST.
SYRACUSE, NY 13202

FULL NAME:

LAST	FIRST	MIDDLE
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SOCIAL SECURITY #: _____

HOME ADDRESS: _____

HOME TELEPHONE: _____

BUSINESS ADDRESS: _____

BUSINESS TELEPHONE: _____

SUMMARY OF EXPERIENCE:

CURRENT EMPLOYER: _____

ADDRESS: _____

SUPERVISOR'S NAME: _____

LENGTH OF EMPLOYMENT: _____ TO _____

EXPERIENCE: _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

SUPERVISOR'S NAME: _____

LENGTH OF EMPLOYMENT: _____

EXPERIENCE: _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

SUPERVISOR'S NAME: _____

LENGTH OF EMPLOYMENT: _____

EXPERIENCE: _____

EDUCATION:

COLLEGE OR TECHNICAL SCHOOL ATTENDED: _____

MAJOR FIELD OF STUDY: _____

DATES ATTENDED: _____

DEGREE RECEIVED: _____

NATIONAL ELEVATOR INDUSTRY EDUCATION PROGRAMS: _____

ALL DOCUMENTATION OF WORK EXPERIENCE WILL BE REVIEWED BY THE BOARD OF ELEVATOR EXAMINERS.

I CERTIFY THAT ALL INFORMATION SUBMITTED TO THE BOARD OF ELEVATOR EXAMINERS IS TO THE BEST OF MY KNOWLEDGE IS TRUE AND ACCURATE.

SIGNATURE OF APPLICANT

DATE

NOTARY/COMMISSIONER OF DEEDS