



Temporary Licensed Elevator Mechanic

DO NOT FAX THIS FORM. Please mail this application to the above address.

Service Locations: Please use mailstop 4480 to mail the original application.

- The fee for the 30 day license shall be \$27.20.
- This application must be completed monthly and is valid only for the designated locations and conveyances that are listed. The check must be paid to the order of the Department of Labor & Industries, Elevator Program. You may also pay with a money order, cashier's check, or debit/credit card at any of the Department of Labor & Industries regional field offices.
- This license expires 30 days from the issue date.
- If your need extends beyond 30 days a new application and fee must be submitted. All fees are non-refundable.
- The department may deny application of a license if the applicant owes outstanding final judgments to the department or if the Department has been notified that state-ordered child support payments are in arrears.

1. Company Certifying Competency

Company Name		WA Elevator Contractor License #	
Name of Primary Point of Contact for Certifying Company			
Business Address (Branch)		City	
State	Zip Code	Phone	FAX
Branch Contact		Email addresses	

2. Certification Type

Category 09 License. This temporary license is limited to the mechanical and electrical operation, construction, installation, alteration, maintenance, inspection, relocation, and repair of conveyances. This license is limited to individuals that are certified as qualified and competent by licensed elevator contractors. The individual must be an employee of the licensed elevator contractor. The contractor shall furnish acceptable proof of competency as the department may require. Each license is valid for a period of thirty days from the date of issuance and for such particular elevators or geographical areas as designated on the application, and otherwise entitles the licensee to the rights and privileges of an elevator mechanic license issued under chapter 70.87 RCW. The entire application must be completed, signed, and submitted to the Department for processing.

3. Qualifying Temporary Licensed Mechanic's Information

First Name		Middle Initial	Last Name	
Social Security Number (For ID only)		Date of Birth		Email addresses
Drivers License number or other State issued ID #			State	
Home Address				City
State	Zip Code	Phone	FAX	

