



## Licensed Elevator Contractor (LC) Application

### License

All elevator contractors engaged in the business of installing, constructing, repairing, altering, or maintaining elevators must be licensed by the Elevator Program of the State of Washington Department of Labor and Industries in addition to being registered with the Department of Labor and Industries' Contractor Registration program.

### Duration of License

A certificate and a pocket license will be issued when all application criteria have been met. The initial license will be valid for 2 years and must be renewed with an application available from the Department.

### Renewal

As part of the renewal process the elevator contractor must:

- 1) Complete and submit a department-approved application.
- 2) Verify the name of the employee designated as a primary point of contact.
- 3) Pay the fees specified by the Elevator Program.

### Examination

All applications must be approved by the Elevator Program. Applicants who cannot provide acceptable proof to the department that shows that the person, firm, or company has five years of work experience in performing conveyance work as verified by current and previous elevator contractor licenses to do business must pass a written examination. The examination will be an open book examination and will consist of approximately 100 to 150 multiple choice questions. A score of at least 80 % is required to pass. Examinations shall be held at locations and times when considered necessary by the department. The department will notify qualified applicants of the date, time, and location of the examination.

*Applicants may prepare for the exam by studying The Revised Code of Washington, Chapters 70.87, 18.27, and 49.17 and the Washington Administrative Code, sections 296-96 and 296-200A.*

***Applicants should also bring these materials with them to the examination. The department will not supply reference materials for the exam.***

*Information regarding these materials may be found on our website at [www.lni.wa.gov/TradesLicensing/elevators](http://www.lni.wa.gov/TradesLicensing/elevators).*

### What must you do to become and remain a licensed elevator contractor?

Applicants for licensure must:

- 1) Obtain and maintain from the State of Washington, Department of Labor and Industries' Contractor Registration program a valid specialty or general contractor registration per RCW 18.27.
- 2) Complete and submit a department-approved application with the required fee of \$193.30. (This fee includes \$64.30 for the application and \$129.00 for the license.) As part of the application, the applicant must specify the employee who is the licensed elevator contractor's primary point of contact. "Primary point of contact" is the designated individual employed by a licensed elevator contractor.
- 3) Provide acceptable proof to the department that shows that the contractor (person, firm, or company) has five years of work experience in performing conveyance work as verified by current and previous elevator contractor licenses to do business; **or**
  - (a) Pay the exam fee of \$193.60 and designate a primary point of contact who must pass a written examination administered by the department on the State of Washington rules and codes relating to elevators on behalf of the contractor. (RCW chapter 70.87 and WAC 296-96-00500 et al.)

## Regulations

An application, which is not properly completed, may delay the issuing of the license.

The department may deny application of or suspend a license under this section 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.

If the primary point of contact identified by a firm or company separates employment, his/her relationship or designation is terminated, or death of the designated individual occurs, the elevator contractor must, within ninety days, designate a new individual and inform the department of the change or the elevator contractor license will be automatically suspended.

Any person, firm or company working without a license may be cited for a violation under RCW 70.87 and WAC 296-96-000926 may be assessed a civil penalty in the amount of \$500. Each day a person, firm or company is in violation may be considered a separate violation. Each job site at which a person is in violation may be considered a separate violation.

## Reciprocity

WAC 296-96-00906(1)(a)(iv) provides that the department may enter into reciprocal agreements with other states having standards substantially equal to those of RCW 70.87. The department does not have any reciprocal agreements with any other states as of June 2004. Check with the Department of Labor and Industries for current status of agreements.

## Licensing Authority

Department of Labor and Industries Elevator Program and RCW chapter 70.87

## Fees

Initial Application fee: \$193.30 This fee includes both the application fee of \$64.30 and the licensing fee of \$129.00.
Examination fee (this fee is in <b>addition</b> to the application fee): \$193.60.
Timely Renewal license fee: \$129.00 Renewals will be considered "timely" when the renewal application and fee is received on or prior to the expiration date of the license.
Late Renewal license fee: \$258.30 Late renewal is for renewal applications received no later than ninety days after the expiration of the licenses. If the application and the fee are not received within ninety days from license expiration, the licensee must reapply and pass the competency examination. (If it is necessary to take the exam, the examination fee is in <b>addition</b> to the late renewal license fee.)
Replacement of all licenses: \$19.20
Refund processing Fee: \$38.50

The applicant must sign the application and payment in the amount of \$193.30 must be included. The fee may be paid by a check attached to this application made out to the Department of Labor and Industries, Elevator Program. The fee may also be paid through a money order, cashier's check, or with a debit/credit card at any of the Department of Labor and Industries regional field offices:

## Fee Refunds

The examination fee of \$193.30 and the application fee of \$64.30 are non-refundable. The license fee of \$129.00 will be refunded if the license is denied.

## Internet Address

<https://lni.wa.gov/licensing-permits/elevators/conveyance-management-portal>



## Licensed Elevator Contractor (LC) Application

Do not fax this form. Please mail this application to the address above.

Service location: Please send the original application to mailstop 44480.

☐ New Application

### 1. Company Information

UBI Number: \_\_\_\_\_

Specify nature of business (more than one box may be checked in appropriate):

☐ Installation/Alteration ☐ Service or Maintenance ☐ Repair

Specify type of business:

☐ Corporation ☐ Partnership ☐ Limited Liability Company (LLC)  
☐ Sole ownership with employee(s) ☐ Sole ownership with no employees ☐ Public entity (fee exempt)  
☐ Sole Owner Mechanic Fee – for sole ownership (where the owner will also function has the mechanic performing the work. The owner must be licensed as both an elevator mechanic and as an elevator contractor. A separate application and fee for the elevator mechanic license must also be submitted.

Business/Company Name	Contractor Registration Number and Expiration Date		
Business/Company Address	Phone Number		
City	State	Zip Code	Fax Number
Business Officer/Partner/Sole Owner and Title	Phone Number		
Residence Address	Fax Number		
City	State	Zip Code	Email Address
Business Officer/Partner/Sole Owner and Title	Phone Number		
Residence Address	Fax Number		
City	State	Zip Code	Email Address

\_\_\_\_\_ How many years has the company been engaged in the business of constructing, maintaining, servicing and repair of conveyances? **Attach supporting documentation to demonstrate that the contractor (person, firm, or company) has work experience in performing conveyance work as verified by current and previous elevator contractor licenses for the stated years.**

☐ Company maintains copies of all applicable codes related to the conveyances erected, constructed, installed, materially altered, tested, maintained, repaired or serviced by the company. All branch and field offices of the company in the State of Washington shall have these codes available for use by any primary point of contact, elevator mechanic or temporary elevator mechanic employed by the company.

☐ Applicant understands that this Certification does not release the applicant from obtaining any other license which may be required by the Department of Labor & Industries or any other agency.

## 2. Required Documentation

The applicant for the elevator contractor's license shall attach a copy of the following documentation necessary to complete the processing of this application. Any documentation not submitted will result in a delay of the certification process.

☐ Current elevator contractor registration pursuant to RCW Chapters 70.87 and 18.27.

## 3. Primary Point of Contact Exam Information (if applicable)

All applicants who apply for the elevator contractor's license must designate a primary point of contact. Contractors who apply for the elevator contractor's license and who can not provide acceptable proof to the department that shows that the contractor (person, firm, or company) has five years of work experience in performing conveyance work as verified by current and previous elevator contractor licenses to do business must designate a primary point of contact and the primary point of contact must pass a written examination on behalf of the contractor. A score of at least 80 % is required to pass. Examinations shall be held at locations and times when considered necessary by the department.

Do you need reasonable accommodation to take this exam? ☐ No ☐ Yes  
Have you ever applied for this examination before? ☐ No ☐ Yes If yes, give date: \_\_\_\_\_

## 4. Primary Point of Contact Information

First Name	Middle Initial	Last Name
Social Security Number (For ID only)	Date of Birth	Email Address
Drivers License number or other State issued ID #	<u>State</u>	Licensed Elevator Mechanic # (If Applicable)

Home Address			Phone Number
City	State	Zip Code	FAX Number

Business Address			Phone Number
City	State	Zip Code	FAX Number

#### 4a. Primary Point of Contact's Work History

**EXPERIENCE. This information is optional and is for informational purposes only.** Describe duties and dates of employment evidencing your experience in the conveyance industry performing construction, maintenance, and service and repair of conveyances covered by RCW 70.87. Attach additional pages if necessary.

From (mm/yy)	To (mm/yy)	Job title	
Hours per Week	Total worked (years/months)	Company (Present or most recent employer)	Contractor no.
Supervisor	Phone	Address	
Description of Duties (Be specific to type of device)			

From (mm/yy)	To (mm/yy)	Job title	
Hours per Week	Total worked (years/months)	Company (Present or most recent employer)	Contractor no.
Supervisor	Phone	Address	
Description of Duties (Be specific to type of device)			

From (mm/yy)	To (mm/yy)	Job title	
Hours per Week	Total worked (years/months)	Company (Present or most recent employer)	Contractor no.
Supervisor	Phone	Address	
Description of Duties (Be specific to type of device)			

From (mm/yy)	To (mm/yy)	Job title	
Hours per Week	Total worked (years/months)	Company (Present or most recent employer)	Contractor no.
Supervisor	Phone	Address	
Description of Duties (Be specific to type of device)			

#### 4b. Primary Point of Contact's Education and Training

Additional Information: **(This information is optional and is for informational purposes only.)** Explain or list additional skills, aptitudes, educational courses, degrees, or certifications that may qualify you as a Licensed Elevator Contractor in the State of Washington. Include documentation showing evidence of this additional information. Attach additional pages if necessary.

#### 5. Primary Point of Contact's Signature

I certify under penalty of perjury that the information on this application is true and complete to the best of my knowledge. I further understand that any false, incomplete, or incorrect statements may result in my disqualification from the licensing process.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### 6. Company Affidavit

I certify under penalty of perjury that the information disclosed in this application, including employment experience of the qualifying individuals is verified as true and accurate information.

\_\_\_\_\_  
Business Officer Signature

\_\_\_\_\_  
Print Name/Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address (City, State, Zip Code)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Business Officer Signature

\_\_\_\_\_  
Print Name/Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address (City, State, Zip Code)

\_\_\_\_\_  
Phone Number

Completed application may be returned to the address listed below. Do not fax this form.

Department of Labor and Industries  
Elevator Section  
PO Box 44480  
Olympia WA 98504-4480

Questions? Call 360-902-6130 or within Washington only 800-705-1411.

#### For L&I Use Only

Application reviewed by:

Date:

Reviewer's signature:

Needs to be tested?

☐ Yes ☐ No

Test Date

Certified?

☐ Yes ☐ No

Application

☐ Approve ☐ Deny

Refund

☐ Yes ☐ No