



Elevator Continuing Education Course Application

For each new course - submit 1 copy of all documents.

For Department Use Only	
Course ID #	WA

Notes:

- The completed application must be received at least 30 days before the course is offered.
- Incomplete applications will be denied.
- Training courses will be approved for a two year period.

Check One Only for Course Delivery Method

- Classroom
- Seminar
- Online/Self- Guided
- Live Webinar
- Other _____

Check One for Course Type

- Elevator Industry Related
- RCW/WAC Update
- NEC Update

Course	Course Title _____
	Hours of credit requested _____
	Open to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No

Sponsor	Name _____	UBI# _____	
	Address _____		
	City _____	State _____	Zip _____
	Contact Person _____	Phone # _____	
	Fax # _____	Email address _____	
	Instructor(s) _____		

Course Outline: (See [WAC 296-96-00916](#) for additional information)

Provide a **general description** of the course:

- Including its scope;
- Instructional materials to be used; and
- Instructional methods to be followed.

Provide a **detailed course outline** using form provided ([F621-078-000 Elevator Continuing Education Instructor Application](#)). **The outline must include:**

- Name and qualifications of the course instructor(s);
- Locations where the course will be taught;
- Days and hours the course will be offered;
- Specific fees associated with the course(s); and
- Total cost of the course to each attendee.

Course Provider Responsibilities:

The **provider** must

- Annually review and update its courses;
- Notify the department of any changes;
- Keep uniform records, for a period of **ten (10) years**, of attendance of licensees;
- Submit a list of attendees to the department within **thirty (30) days** after the date of the course;
- Attach a detailed description of the course content and description of training including specific elevator code articles referenced; and
- Provide an outline that supports the number of hours being requested for the course.

Withdrawal of Approval

The department may **withdraw** its approval of any training course if it determines the provider is no longer in compliance.

If the department withdraws its approval, it will give the provider written notification of the withdrawal.

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.

Date	Applicant’s Signature
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Office Use only

Date	Name	<input type="checkbox"/> Approve <input type="checkbox"/> Deny	Approved Credit Hours _____ hours
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