



Elevator Continuing Education Provider / Instructor Application

Submit a copy of all documents.

- The completed application must be received at least 30 days before the course begins.
- One Provider / Instructor per application.
- Provider / Instructor approval will be valid for two (2) years.

Check One: Provider Instructor

UBI Number _____

Provider / Instructor Name _____

Provider Contact Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Email address _____

Fax Number _____

Will the instructor fall within the exemptions status of [WAC 296-96-00918](#)? Yes No

Number of courses provider plans to provide each year. _____

Number of courses instructor plans to teach each year. _____

Provider / Instructor Approval Process: (See [WAC 296-96-00916](#) for additional information)

- **Providers:** Attach a list of courses with dates and locations that you expect to provide within the next year.
- **Instructors:** Attach a current resume and copies of applicable experience, licenses and/or qualifications.

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	Reviewer's Name	<input type="checkbox"/> Approve <input type="checkbox"/> Deny	Refund Needed
			<input type="checkbox"/> Yes <input type="checkbox"/> No