

Department of Labor and Industries
 Elevator Program
 PO Box 44480
 Olympia WA 98504-4480
 360-902-6130



Temporary Elevator Mechanic License

<https://lni.wa.gov/licensing-permits/elevators/about-the-elevator-program>

Do not fax this form. Mail completed form to the address listed above.

- See [WAC 296-96-00922](#) for applicable fee.
- This application must be completed in its entirety and is valid only for the designated locations and conveyances that are listed on the form.
- Make check payable to: 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's regional field offices.
- This license expires one year from the issue date.
- If your need extends beyond one year, a new application and fee must be submitted. Upon approval, all fees are non-refundable.
- The Department may deny the application of a license if the applicant owes outstanding final judgments to the Department.

1. Company Certifying Competency		
Company Name		WA Elevator Contractor License Number
Name of Primary Point of Contact for Certifying Company	Branch Contact Name	
Business Address		
City		State Zip Code
Phone Number	Fax Number	Email Address

2. Certification Type
<input type="checkbox"/> 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 one year 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		
Name (first, middle initial, last)		Date of Birth
Social Security Number (for ID only)	Driver's License Number or Other State Issued ID	State Where Issued
Home Address		
City		State Zip Code
Phone Number	Fax Number	Email Address

4. Employer's Verification and Need

Verify the information below by checking the boxes.

The qualified person is able to perform the required work without direct and immediate supervision.

In the space below, provide a statement indicating the necessity and attaching verification of this necessity. This may be in the form of a current out of work listing provided by a recognized labor organization or other verifiable means acceptable to the division.

Are you in a recognized apprenticeship program?

Yes No

If "Yes", provide your apprenticeship number and registration date below.

Apprenticeship Number

Registration Date

In the space below, provide a statement indicating the location(s) and a listing of the types of conveyances upon which the applicant will be working.

To Be Signed by the Employer Only

I, as a primary point of contact on behalf of an elevator contractor, certify under penalty of perjury that the information contained in this application is verified as true and accurate.

Print Name

Title

Signature

Date

For L&I Use Only

Service Locations — Send original application to MS: 44480

Date

Reviewer's Name

Approved Denied