

<u>Request for Examination</u> <i>Elevator Mechanic</i>			Office of the Illinois State Fire Marshal Division of Elevator Safety James R. Thompson Center 100 West Randolph Street, Suite 4-600 Chicago, IL 60601
Name:		Phone: ()	
Address:			
City, State, Zip:			
Driver's License No. (required field):		Email Address:	
<p>IMPORTANT INFORMATION: Upon successful completion of the <i>Elevator Mechanic Examination</i> you must submit an <i>Application for Elevator Mechanic License</i> to the Elevator Safety Division. You must submit the following with your License application:</p> <ul style="list-style-type: none"> • Submission of proof of a passing score on the <i>Elevator Mechanic Examination</i>. • Submission of proof of not less than 3 years work experience in the elevator industry, in construction, maintenance, or service and repair, as verified by current and previous employers licensed to do business in this State, or in another state if the Board deems that out-of-state experience is equivalent. <p>License applications may be found on the State Fire Marshal website at http://www.sfm.illinois.gov Please do NOT submit license paperwork with this Request for Exam form.</p>			
Signature:			

ELEVATOR MECHANIC EXAMINATION REQUESTED DATES AND LOCATIONS:

	Date	Location	Time
1st Choice			
2nd Choice			
3rd Choice			
4th Choice			

PLEASE SUBMIT COMPLETED REQUEST FOR EXAMINATION FORM TO THE OFFICE OF THE STATE FIRE MARSHAL, DIVISION OF ELEVATOR SAFETY, JAMES R. THOMPSON CENTER, 100 WEST RANDOLPH STREET, SUITE 4-600, CHICAGO, IL 60601