



**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  
 312-814-1325  
 Fax 312-814-3459**



## Application for Elevator Mechanic License

Any person that shall erect, construct, wire, alter, replace, maintain, remove, or dismantle any conveyance contained within buildings or structures in the jurisdiction of this State must be licensed by the Office of the State Fire Marshal and be employed by a person, firm, or company having an elevator contractor's license in accordance with the Elevator Safety and Regulation Act [225 ILCS 312 et. seq.].

All *Applications for Elevator Mechanic Licenses* must be submitted to the Office of the State Fire Marshal, Elevator Safety Division, James R. Thompson Center, 100 W. Randolph Street, Suite 4-600, Chicago, IL 60601. **The Office will invoice you the appropriate application fee. Do not send payment with application.** The Elevator Safety Division will process *Applications* in the order they are received and shall issue the applicant a license upon receipt of payment or notify the applicant of the reason for the denial.

<b>OFFICIAL USE ONLY</b>	
Mechanic License Number	Date Issued

**1. Type of License & Fee (check one):**

- Mechanic \$250.00    
  Limited \$150.00    
  Temporary \$100.00    
  Renewal Application \$ 250.00

**Note: You must include a 2" x 2" passport photograph with your application.** License # \_\_\_\_\_

**2. Applicant**

Applicant Name:	Social Security Number:
Street Address:	
City/State/Zip Code:	
Phone Number:	Date of Birth:
Email Address:	Years of Experience:

**3. Current Employer**

Name of Contractor:	Illinois Elevator Contractor License Number:
Address:	
City/State/Zip Code:	
Phone Number:	Fax Number:



**5. Continuing Education (for Renewal of License):**

**Conditions:**

Credit hours approved will be for **actual** classroom hours of training. The renewal of all licenses granted under the provisions of the Elevator Safety and Regulation Act shall be conditioned upon the submission of a certificate of completion of a course designed to ensure the continuing education of licensees on new and existing provisions of the rules of the Elevator Safety Review Board. Such course(s) shall consist of **not less than 8 hours of instruction which shall include a minimum of 2 hours of code updates, that shall be attended and completed within one year immediately preceding any such license renewal.** The training must cover topics such as:

- Design, installation, construction, maintenance, repair, replacement, alteration, and troubleshooting of equipment covered by the A17 series of codes (the equipment)
- Safety in working on or about the equipment, and safety of the users of the equipment
- The Codes covering the equipment
- Inspection and testing of the equipment

The Elevator Safety Review Board acknowledges that continuing education is supplied by many parties other than manufacturers, and has approved various providers. Please refer to our website at [www.state.il.us/osfm](http://www.state.il.us/osfm), click on the Elevator Safety link on the left-hand side, then click on the “Elevator Safety Review Board News Updates” link on the right-hand side. Open the most recent Continuing Education Board Decision for a list of providers and programs.

Credit hours will **not** be approved for classes or time covering general business issues, filling out of time tickets or reports, meals, business meetings, social gathering, and general non-structured discussions.

The training provider must provide the trainee with a certificate of completion of the training, the subject matter of the training, the actual period of instruction time and the date the training was given. The training provider must maintain documentation of the training provided, including attendance sheets bearing the signatures of the attendees, subject matter, date, and location, and actual instruction time. The training provider shall provide this documentation to the OSFM, if requested.

**Please note the specific training program(s) attended and attach certificates of completion (Code update courses must be listed separately):**

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**6. Applicant 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.

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Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Revised 8/25/2017 res

The Identity Protection Act, 5 ILCS 179/1 et seq., requires each local and State government agency to draft, approve, and implement an Identity-Protection Policy that includes a statement of the purpose or purposes for which the agency is collecting and using an individual’s Social Security Number (SSN). This statement of purpose is being provided to you because you have been asked by the OSFM to provide your SSN or because you requested a copy of this statement. You are being asked for your SSN for one or more of the following reasons: Internal verification and/or potential collection of fees, penalties or fines. We will only use your SSN for the purpose for which it was collected. We will not: Sell, lease, loan, trade, or rent your SSN to a third party for any purpose; Publicly post or display your SSN; Print your SSN on any card required for you to access our services; Require you to transmit your SSN over the Internet, unless the connection is secure or your SSN is encrypted; or Print your SSN on any materials that are mailed to you, unless state or federal law requires that number to be on documents mailed to you, or unless we are confirming the accuracy of your SSN.