

<u>Request for Examination</u> <i>Limited 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>Limited 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>Limited 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. Qualifications for a limited elevator mechanic license shall be the same as for an elevator mechanic license with the exception that work experience shall consist of work performed on ASME A18.1 conveyances (platform lifts and stairway chairlifts). Examinations will cover ASME A18.1 standards, the Act, and this Part. <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.